

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>4429</u> <u>026065</u>	2 Fiscal Year Covered From <u>01/01/2004</u> Through <u>12/31/2004</u>
3 Name and address of person filing Name <u>Timothy Meadows</u> P O Box Bldg Room No if any Street <u>1027 Canterbury Circle</u> City <u>Imperial</u> State <u>MO</u> <u>63052</u> ZIP Code + 4	4 Name, file number, and address of labor organization Name <u>Teamsters Local 600</u> Labor Organization File Number <u>026065</u> P O Box Building and Room Number, if any Street <u>161 Weldon Parkway</u> City <u>Maryland Heights</u> State <u>MO</u> <u>63043</u> ZIP Code + 4
5 Position in labor organization <u>Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount.

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Tim Meadows</u>	On <u>8/2/05</u> Date	<u>314-388-4400</u> Telephone Number

Name of Person Filing	Timothy Meadows	File Number U-	026065
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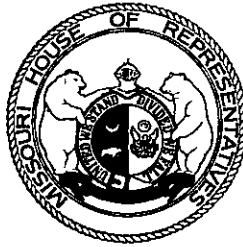
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with
Name	a Labor Organization
Trade Name if any	b Trust
P O Box Bldg , Room No , if any	c Employer
Street	
City	
State ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name	11 a. Nature of such dealing
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	
Street	11 b Approximate dollar value of such dealing
City	12 a. Nature of interest held or income received
State ZIP Code + 4	
	12.b. Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.
Name Diekemper, Hammond, Shinnors, Turcotte & Larrew, P.C.	for services rendered for minor child, Eric T. Meadows
Trade Name, if any	
P O Box Bldg , Room No , if any	
Street 7730 Carondelet Ave., Suite 200	
City Clayton	
State MO ZIP Code + 4 63105	
13 b Is the Business an Employer or Consultant XX ?	14 b Amount of payment \$75.00

CAPITOL OFFICE
State Capitol
201 West Capitol Avenue
Jefferson City, MO 65101-6806
Tele 573-751-1311
Fax 573-751-5409
E-Mail
tim_meadows@house.mo.gov



COMMITTEES
Appropriations—Public Safety &
Corrections
Crime Prevention & Public Safety
Transportation
Joint Committee on
Government Accountability



DISTRICT ADDRESS
1027 Canterbury Circle
Imperial, MO 63052
Tele 636-461-1217
E-mail
ctmeadows@sbcglobal.net

TIM MEADOWS
State Representative – District 101

August 8, 2005

U. S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue N.W. Room N-5616
Washington, D.C. 20210

To Whom It May Concern:

My name is Timothy G. Meadows. I am a Missouri State Representative and I am also a Trustee, Business Representative, and Organizer with Teamsters Local 600 in the St. Louis, Missouri area.

I ran for my State Representative Office in February of 2004. I had to run again in November 2004. As you can see I have been successful in my endeavors.

This is my first time ever filling out an LM-30 report and I am not sure just exactly what information that I should submit. I am enclosing all my information in regards to public disclosure. In the State of Missouri I am required by law to disclose every contribution and all expenditure information. Likewise, all registered lobbyist are required to report any expenditure when purchasing meals, etc. for legislators.

I have enclosed these reports for your viewing. I sincerely hope that this information will be helpful. During 2004 I cannot recall receiving anything from any employer of which I have members that I represent.

August 8, 2005
Page two

I thank you and if you have any questions please feel free to contact me.

Respectfully,

A handwritten signature in black ink, appearing to read "Tim Meadows". The script is cursive and fluid, with the first name "Tim" and last name "Meadows" clearly distinguishable.

Tim Meadows
State Representative

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Lin Meadors
Signature

August 8, 2005
Date

Robert F. Connor
Executive Director

Welcome to the
Missouri Ethics Commission

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Campaign Finance | Lobbying | Personal Financial Disclosure | Complaints/Conflict of Interest | Electronic Filing

MEC Home	Go Back	New Search	REPORTS LISTED
Search Campaign Finance Committees Search by Election Year for Candidates Search Contributions/Expenditures (Statewide Candidates) Campaign Finance Forms Campaign Finance Brochures & General Information Adjusted Contribution Limits for 2004-2005 Campaign Finance Opinions Calendars		<p><u>CANDIDATE</u></p> <p>COMMITTEE: MECID: C031240</p> <p>CITIZENS FOR TIM MEADOWS 1027 CANTEBURY CURICLE IMPERIAL MO 63052 TELEPHONE: (636) 461-1217</p> <p>TREASURER: EDWARD P POLSTER 2529 FOUNTAIN OAKS RD DESOTO MO 63020 WORK PHONE: HOME PHONE: (636) 337-7870</p> <p>DEP. TREASURER: CAROLYN MEADOWS 1027 CANTEBURY CIRCLE IMPERIAL MO 63052 WORK PHONE: HOME PHONE: (636) 461-1217</p> <p>CANDIDATE: TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 TELEPHONE: (636) 461-1217</p> <p>OFFICE SOUGHT: STATE REPRESENTATIVE DISTRICT 101 - Date of Election 8/8/2006 Political Party: DEMOCRAT</p>	<p>Date Established: 11/10 Date Terminated:</p>

2004



Get New Year

Electronically Filed Reports

I.D.	Report	DateRe
13719	30 DAY AFTER GENERAL ELECTION ✓	11/30/.
11974	8 DAY BEFORE GENERAL ELECTION ✓	10/22/.

Missouri Ethics Commission

Monthly Reporting Expenditures

REPRESENTATIVE NAME: [REDACTED]

Expenditures

Lobbyist Name	Date	Description	Amended Report	Reported Amount
Wiles Richard C	2/10/2004	Meals Food, & Beverage	Not Amended	\$28 54
Wiles Richard C	2/16/2004	Meals Food & Beverage	Not Amended	\$8 00
Taylor, Gregory	2/25/2004	Meals, Food, & Beverage	Not Amended	\$48 82
Fajen Otto	2/28/2004	Meals Food & Beverage	Not Amended	\$12 00
Kissell, Don R	3/4/2004	Media & Other Advertising	Not Amended	\$26 95
Nicholson, Mel	3/24/2004	Meals, Food, & Beverage	Not Amended	\$7 50
Wilson, Robert W	4/15/2004	Meals, Food & Beverage	Not Amended	\$1 15
Gallagher Sean	5/12/2004	Meals, Food, & Beverage	Not Amended	\$5 00
Maggard A Gene	8/24/2004	Meals Food, & Beverage	Not Amended	\$4 75
Expenditure Total				\$142 71



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M E C ID NO C031240

DATE OF REPORT	OFFICE USE ONLY
3/31/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 63052	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER LYN B POLSTER	
9 DEPUTY TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD DESOTO MO 63020	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
11 DATE OF ELECTION 8/3/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 2/28/2004 THROUGH 3/31/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20__
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Apr 12 2004 6 00PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Apr 12 2004 6 00PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE
 CITIZENS FOR TIM
 MEADOWS

DATE OF
 REPORT
 3/31/200

OFFICE USE
 ONLY

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 600 00		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 1 160 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 1 760 00		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 0 00
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 1,760 00
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 1 760 00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	\$ 647 17
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00		a) Disbursements By Check \$ b) Disbursements By Cash \$		
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)		\$ 1 760 00	28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 27)	\$ 1,112 83
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 647 17				
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 647 17		30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)		\$ 647 17	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION	32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 325 00	33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0 00		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
18	ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 32 33 34)	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0 00				
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)		\$ 325 00			
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 3/31/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED ----- AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS Plumbers and Pipefitters Fund CITY/STATE 12385 Larimore Rd EMPLOYER St Louis, MO 63138 <input checked="" type="checkbox"/> COMMITTEE		3/27/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS D R I V E Committee Political Fund CITY/STATE 25 Louisiana Ave NW EMPLOYER Washington DC 20001 <input checked="" type="checkbox"/> COMMITTEE		3/31/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 600 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 600 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 600 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	
15 NAME AND ADDRESS OF LENDER		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
NAME ADDRESS CITY / STATE		\$	
NAME ADDRESS CITY / STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 600 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 600 00	

FORM CD1



MISSOURI ETHICS COMMISSION
FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240

REPORT DATE
8/31/2004

STATEMENT OF FUND RAISING ACTIVITY OR EVENT

1 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED
CITIZENS FOR TIM MEADOWS

2 LOCATION OF ACTIVITY OR EVENT NAME AND ADDRESS

3 DESCRIPTION OF ACTIVITY OR EVENT AND FUND RAISING METHODS USED

4 DATE OF ACTIVITY OR EVENT

6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

5 NUMBER OF PARTICIPANTS

0

RECEIPTS FROM ACTIVITY OR EVENT

7 AMOUNT

8 TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 0 00

9 TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 0 00

10 GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 0 00

11 EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12 INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13 AMOUNT

\$

\$

\$

\$

14 TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0 00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 3/31/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE withdrawal and refiling of name change		\$ 72 00	
		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 72 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 0 00	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 72 00	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	
8 NAME AND ADDRESS OF RECIPIENT		9 DATE	11 AMOUNT THIS PERIOD
NAME Jefferson County Democratic Central Comm ADDRESS 110 Main St CITY/STATE Festus MO 63028		3/17/2004	ad for Jeff Co \$ 0 00 <input checked="" type="checkbox"/> PAID 150 00 <input type="checkbox"/> INCURRED
NAME Rock Newspaper ADDRESS POBox 1038 CITY/STATE Arnold MO 63010		3/4/2004	AD \$ 0 00 <input checked="" type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME Trio graphics Printing ADDRESS 3620 Jeffco Blvd Box 310 CITY/STATE Arnold MO 63010		3/27/2004	printing \$ 0 00 <input checked="" type="checkbox"/> PAID 225 17 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 575 17	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 575 17	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 647 17	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 575 17	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22 AMOUNT	
NAME ADDRESS CITY/STATE		\$	
NAME ADDRESS CITY/STATE		\$	
NAME ADDRESS CITY/STATE		\$	
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 0 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 0 00	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 0 00	
28 IF COMMITTEE MADE ANY IN-KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C031240

1 DATE OF REPORT	OFFICE USE ONLY
3/31/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 63052	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER LYN B POLSTER	
9 DEPUTY TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD DESOTO MO 63020	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
11 DATE OF ELECTION 8/3/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 2/28/2004 THROUGH 3/31/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input checked="" type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 16 <input type="checkbox"/> Jul 16 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED 4/12/2005 , 20 04
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Apr 12 2004 6 53PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Apr 12 2004 6 53PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE
 CITIZENS FOR TIM
 MEADOWS

DATE OF
 REPORT
 3/31/200

OFFICE USE
 ONLY

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 600 00		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 1 160 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 1 760 00				
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 7,440 55
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 1 760 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 1,760 00
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24) a) Disbursements By Check \$ b) Disbursements By Cash \$	\$ 981 18
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A + 8A)	\$ 1 760 00		28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 + 27)	\$ 8,219 37
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00			
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 647 17				
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 647 17				
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 647 17		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION	30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 325 00		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 325 00		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$ 325 00		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 + 32 + 33 + 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 9 01				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 9 01				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 1/31/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED -- -- -- -- AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Plumbers and Pipefitters Fund CITY/STATE 12385 Larimore Rd EMPLOYER St Louis MO 63138 <input checked="" type="checkbox"/> COMMITTEE		3/27/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS D R I V E Committee Political Fund CITY/STATE 25 Louisiana Ave NW EMPLOYER Washington DC 20001 <input checked="" type="checkbox"/> COMMITTEE		3/31/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 600 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 0 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 600 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 600 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	
15 NAME AND ADDRESS OF LENDER NAME ADDRESS CITY/STATE		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD 1B)	
NAME ADDRESS CITY/STATE		\$	
NAME ADDRESS CITY/STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 600 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 600 00	



MISSOURI ETHICS COMMISSION
FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240

REPORT DATE
8/23/2004

STATEMENT OF FUND RAISING ACTIVITY OR EVENT

1 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

CITIZENS FOR TIM MEADOWS

2 LOCATION OF ACTIVITY OR EVENT NAME AND ADDRESS

3 DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED

4 DATE OF ACTIVITY OR EVENT

6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

5 NUMBER OF PARTICIPANTS

0

RECEIPTS FROM ACTIVITY OR EVENT

7 AMOUNT

8 TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 0 00

9 TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 0 00

10 GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 0 00

11 EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12 INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13 AMOUNT

\$

\$

\$

\$

14 TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0 00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 3/31/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE withdrawal and refiling of name change		\$ 72 00	
		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 72 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 0 00	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 72 00	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	
8 NAME AND ADDRESS OF RECIPIENT		9 DATE	11 AMOUNT THIS PERIOD
NAME Jefferson County Democratic Central Comm ADDRESS 110 Main St CITY/STATE Festus MO 63028		3/17/2004	ad for Jeff Co \$ 0 00 <input checked="" type="checkbox"/> PAID 150 00 <input type="checkbox"/> INCURRED
NAME Rock Newspaper ADDRESS POBox 1038 CITY/STATE Arnold MO 63010		3/4/2004	AD \$ 0 00 <input checked="" type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME Trio graphics Printing ADDRESS 3620 Jeffco Blvd Box 310 CITY/STATE Arnold MO 63010		3/27/2004	printing \$ 0 00 <input checked="" type="checkbox"/> PAID 225 17 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 575 17	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 575 17	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 647 17	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 575 17	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22 AMOUNT	
NAME House Dem Central Committee ADDRESS Mo State Capitol CITY/STATE Jeff City MO 65101		3/17/2004	\$ 250 00
NAME Citizen for Dan Ward for State Senate ADDRESS Mo House of Representatives CITY/STATE Mo State Capitol Jeff City Mo 65101		3/13/2004	\$ 50 00
NAME Katie Duffin Classics Arnold Softball ADDRESS Arnold Mo 63010 CITY/STATE		3/20/2004	\$ 25 00
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 325 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 325 00	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 325 00	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	



MISSOURI ETHICS COMMISSION DIRECT EXPENDITURE REPORT

INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	2 REPORT DATE 3/31/2004
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DIRECT EXPENDITURE REPORT

This form is used when expenditures listed on form CD3 have been made directly on behalf of a candidate or ballot measure issue. Candidate committees making expenditures only on behalf of the candidate for which their committee was formed do not complete this form.

A CANDIDATES

3 CANDIDATE'S NAME AND ADDRESS	4 OFFICE SOUGHT	5 CHECK ONE SUPP OPP	6 EXPENDITURES THIS PERIOD	7 EXPENDITURES TO DATE
NAME ADDRESS CITY STATE ZIP		— — : : — —	\$	\$
NAME ADDRESS CITY STATE ZIP		— — : : — —	\$	\$
NAME ADDRESS CITY STATE ZIP		— — : : — —	\$	\$
NAME ADDRESS CITY STATE ZIP		— — : : — —	\$	\$

B BALLOT MEASURES

8 NAME OF BALLOT MEASURE (INCLUDE POLITICAL SUBDIVISION)	9 ELECTION DATE	10 CHECK ONE SUPP OPP	11 EXPENDITURES THIS PERIOD	12 EXPENDITURES TO DATE
BALLOT MEASURE POLITICAL SUBDIVISION		— — : : — —	\$	\$
BALLOT MEASURE POLITICAL SUBDIVISION		— — : : — —	\$	\$
BALLOT MEASURE POLITICAL SUBDIVISION		— — : : — —	\$	\$



Missouri Ethics Commission
ADDENDUM STATEMENT

M E C ID NO C031240

INSTRUCTIONS ON REVERSE SIDE

PURPOSE Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report

\$9 01 was recorded incorrectly in my checkbook cleared bank as
70 00 and recorded as 60 99



Missouri Ethics Commission
ADDENDUM STATEMENT

MEC ID NO C031240

INSTRUCTIONS ON REVERSE SIDE

PURPOSE Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report

1160 00 under misc rec is a refund from phone banking SEIU



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C031240

1 DATE OF REPORT	OFFICE USE ONLY
7/9/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 63052	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 63052	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (636) 461 1217 WORK
11 DATE OF ELECTION 8/3/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 4/1/2004 THROUGH 6/30/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input checked="" type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Jul 9 2004 9 25PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Jul 9 2004 9 25PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE
 CITIZENS FOR TIM
 MEADOWS

DATE OF
 REPORT
 7/9/2004

OFFICE USE
 ONLY

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 8 219 37			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6 740 00		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 446 89				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 7 186 89		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENT)	\$ 8,219 37
6	IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 7,186 89
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 7 186 89		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	\$ 2,823 09
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00		a) Disbursements By Check \$ _____ b) Disbursements By Cash \$ _____		
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A + 8A)	\$ 15 406 26		28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 + 27)	\$ 12,583 17
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 981 18			
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 2 021 01				
12	IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 2 021 01		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 3 002 19		30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION			
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 325 00	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 802 08		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 802 08		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$ 1 127 08		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 + 32 + 33 + 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 7/9/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
View Supplemental Form(s)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 6 150 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 6 150 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6 150 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 125 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 465 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	
15 NAME AND ADDRESS OF LENDER		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD 1B)	
NAME ADDRESS CITY / STATE		\$	
NAME ADDRESS CITY / STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 + 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 6,740 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 6 615 00	

FORM CD1



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 7/9/2004
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INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD-1

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE 3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4 DATE RECEIVED -- AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS Lee Sloan 8 Len Dr CITY/STATE Highland Il 62249 EMPLOYER Yellow Freight <input type="checkbox"/> COMMITTEE	5/22/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Joe Galli 1822 Parsonage CITY/STATE Chesterfield Mo 6300 EMPLOYER Local 688 <input type="checkbox"/> COMMITTEE	6/5/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mo School Alliance PAC CITY/STATE 398 Dix Rd Suite 201 EMPLOYER Jefferson City Mo 65109 <input checked="" type="checkbox"/> COMMITTEE	6/8/2004 \$ 0	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Laborers Local 718 Vol Pol Fund CITY/STATE POBox 132 EMPLOYER DeSoto MO 63020 <input checked="" type="checkbox"/> COMMITTEE	6/15/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mo State UAW PAC CITY/STATE 721 Dunn Rd EMPLOYER Hazelwood Mo 63042 <input checked="" type="checkbox"/> COMMITTEE	6/14/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Rockwood Labor Club CITY/STATE POBox 31 EMPLOYER Eureka MO 63025 <input checked="" type="checkbox"/> COMMITTEE	6/12/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Diekemper Hammond Shinnars Turcotte and Larrew PC CITY/STATE 7730 Carondelet Suite 200 EMPLOYER St Louis MO 63105 attny <input type="checkbox"/> COMMITTEE	6/19/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mo state Teachers Assoc Leg impact comm CITY/STATE pobox 458 EMPLOYER Columbia Mo 65205 <input checked="" type="checkbox"/> COMMITTEE	6/21/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 7/9/2004
---	------------------

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to Item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME ADDRESS Home Building Industry Political Action Committee CITY/STATE 10104 Old Olive St Rd St Louis MO 63141 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	4/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS James Chellew CITY/STATE 2825 E Springview Dr Imperial Mo 63057 EMPLOYER Fox School Dist Superintendent <input type="checkbox"/> COMMITTEE	4/17/2004 \$ 0	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Gas Workers Local 5 6 CITY/STATE Voluntary Political Action Committee 7750 Olive St St Louis MO 63130 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	4/19/2004 \$ 0	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CHIPPP Political Fund CITY/STATE 1401 Hampton St Louis MO 63139 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	4/22/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters Local 600 Driv CITY/STATE Political Action Committee 9041 Riverview Dr St Louis Mo 63137 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	4/22/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Gary Wright CITY/STATE 2063 Hilltop Arnold Mo 63010 EMPLOYER Yellow Freight Sys <input type="checkbox"/> COMMITTEE	4/30/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Donald Merrill CITY/STATE 788 PCR 700 Perryville Mo 63775 EMPLOYER retired <input type="checkbox"/> COMMITTEE	4/30/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CYndi Caton CITY/STATE 3535 Traci Ln House Springs Mo 63051 EMPLOYER <input type="checkbox"/> COMMITTEE	5/3/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS		
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD-1)		



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 7/9/2004
---	------------------

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received) This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions This form may be reproduced as needed

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED - AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		
NAME ADDRESS Nancy Yoke 1229 NE Birchwood CITY/STATE Lees Summit Mo 64086 EMPLOYER IBT <input type="checkbox"/> COMMITTEE	5/7/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Dan McKay 4220 Veranda CITY/STATE St Louis MO 63129 EMPLOYER Local 600 Teamsters <input type="checkbox"/> COMMITTEE	5/7/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS P F E M -PAC CITY/STATE 6100 Madison EMPLOYER St Louis Mo 63134 <input checked="" type="checkbox"/> COMMITTEE	5/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CWA Dist 6 Pol Educ Comm CITY/STATE 10820 Sunset Office Dr EMPLOYER St Louis MO 63127 <input checked="" type="checkbox"/> COMMITTEE	5/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Hoisting engineers CITY/STATE Local 513 Pol & education fund 3449 Hollenberg Dr EMPLOYER Bridgeton Mo 63044 <input checked="" type="checkbox"/> COMMITTEE	6/24/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Motor Carrier Public Affairs CITY/STATE pobox 89 EMPLOYER Eldon MO 65026 <input checked="" type="checkbox"/> COMMITTEE	6/24/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Political Action Committee CITY/STATE 8600 Hillcrest Rd suite 2 EMPLOYER Kansaas city Mo 64138 <input checked="" type="checkbox"/> COMMITTEE	6/24/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Sprinklerfitters Pol Educ Leg Comm CITY/STATE 1710 South Broadway EMPLOYER St Louis Mo 63104 <input checked="" type="checkbox"/> COMMITTEE	6/26/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS		
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL



NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
7/9/2004

INSTRUCTIONS

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A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Sheetmetal Workers Local 36 CITY/STATE Pol Educ acct 301 south Ewing EMPLOYER St Louis Mo 63104 <input checked="" type="checkbox"/> COMMITTEE	6/24/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri-NEA PAC CITY/STATE 1810 East Elm EMPLOYER Jefferson City MO 65105 <input checked="" type="checkbox"/> COMMITTEE	6/28/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240

REPORT DATE

7/9/2004

STATEMENT OF FUND RAISING ACTIVITY OR EVENT

1 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

CITIZENS FOR TIM MEADOWS

2 LOCATION OF ACTIVITY OR EVENT NAME AND ADDRESS

3 DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED

4 DATE OF ACTIVITY OR EVENT

00/00/0000

6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

5 NUMBER OF PARTICIPANTS

0

RECEIPTS FROM ACTIVITY OR EVENT

7 AMOUNT

8 TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES COULD NOT BE OBTAINED

\$ 0 00

9 TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE RECORDS

\$ 0 00

10 GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 0 00

11 EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

12 INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13 AMOUNT

\$

\$

\$

\$

14 TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 0 00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE



1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 7/9/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 561 74	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 561 74	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME T o G aph cs ADDRESS 3620 Jeff o Blvd CITY/STATE POBox 310 Arnold MO 63010		4/1/2004	printing \$ 0 00 <input checked="" type="checkbox"/> PAID 517 10 <input type="checkbox"/> INCURRED
NAME Verizon ADDRESS 777 Big Timber Rd CITY/STATE Elgin IL 60123		4/7/2004	cell \$ 0 00 <input checked="" type="checkbox"/> PAID 134 41 <input type="checkbox"/> INCURRED
NAME SBC ADDRESS POBox 630047 CITY/STATE Dallas Tx 75263		4/26/2004	office phone an \$ 0 00 <input checked="" type="checkbox"/> PAID 153 94 <input type="checkbox"/> INCURRED
NAME Trio Graph ADDRESS 3620 Jeffco Blvd CITY/STATE POBox 310 Arnold Mo 63010		4/29/2004	pr nting \$ 0 00 <input checked="" type="checkbox"/> PAID 323 82 <input type="checkbox"/> INCURRED
NAME Rock Newspaper ADDRESS pobox 1038 CITY/STATE Arnold MO 63010		6/26/2004	ad \$ 0 00 <input checked="" type="checkbox"/> PAID 330 00 <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 1 459 27	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 1 459 27	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 2 021 01	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 1 459 27	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME View Supplemental Form(s)			
ADDRESS			
CITY/STATE			\$
NAME			
ADDRESS			
CITY/STATE			\$
NAME			
ADDRESS			
CITY/STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 0 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 802 08	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 802 08	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 802 08	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	



MISSOURI ETHICS COMMISSION
EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
7/9/2004

EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
food for campaign workers		\$ 69 96
fundraiser gifts		\$ 67 80
office supplies		\$ 69 02
fundraiser gift		\$ 10 55
cell		\$ 88 95
food for walkers		\$ 21 86
petty cash		\$ 100 00
check reorder		\$ 10 60
petty cash		\$ 100 00
worker meeting		\$ 23 00
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)		\$ -



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
7/9/2004

MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)

NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME Committee to Elect Boyer ADDRESS CITY/STATE	4/3/2004	\$ 50 00
NAME Committee to Elect Duncan ADDRESS CITY/STATE	4/3/2004	\$ 50 00
NAME House Democratic Inner Circle ADDRESS Jefferson City Mo CITY/STATE	4/5/2004	\$ 120 00
NAME Tony Twist ADDRESS donation for Windsor school teachers CITY/STATE Imperial MO 63052	4/6/2004	\$ 25 00
NAME Dan Francis ADDRESS donation for firefighters election day CITY/STATE Kimmswick MO	4/6/2004	\$ 25 00
NAME Lodge of the Four Seasons Democratic ADDRESS Caucus CITY/STATE	4/12/2004	\$ 50 00
NAME Jefferson County PRES ADDRESS Hillsboro Mo CITY/STATE	4/28/2004	\$ 31 25
NAME Mt Grace Convent ADDRESS mass for ill constituent CITY/STATE	4/22/2004	\$ 10 83
NAME Jefferson County Days ADDRESS CITY/STATE	4/30/2004	\$ 90 00
NAME Jefferson County Democratic Committee ADDRESS CITY/STATE	4/30/2004	\$ 150 00
NAME MDA ADDRESS St Louis MO CITY/STATE	5/14/2004	\$ 50 00
NAME Arnold Police Memorial Charity ADDRESS Arnold Mo 63010 CITY/STATE	6/11/2004	\$ 150 00
TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)		\$ -

FORM CD 3 SUP C



Missouri Ethics Commission
ADDENDUM STATEMENT

M E C ID NO C031240

INSTRUCTIONS ON REVERSE SIDE

PURPOSE Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report

trio graphics refund for printing was 204 00



Missouri Ethics Commission
ADDENDUM STATEMENT

M I C I D N O _____ C031240 _____

INSTRUCTIONS ON REVERSE SIDE

PURPOSE Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report

reimbursed 242 89 for cell phone,office phone and district fax



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C031240

1 DATE OF REPORT	OFFICE USE ONLY
7/26/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 63052	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 63052	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (636) 461 1217 WORK
11 DATE OF ELECTION 8/3/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 7/1/2004 THROUGH 7/26/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Jul 22 2004 6 18PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Jul 22 2004 6 18PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
CITIZENS FOR TIM MEADOWS	7/26/200	

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 12 583 17			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 5 800 00		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A + 3A + 4A)	\$ 5 800 00				
6	IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 300 00		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 12,583 17
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A + 6A)	\$ 6 100 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 5)	+ \$ 5,800 00
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 + 17 + 24)	\$ 519 29
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B + 7A 8A)	\$ 18 683 17		a) Disbursements By Check \$		
				b) Disbursements By Cash \$		
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 + 26 27)	\$ 17,863 88
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 2 823 09	INDEBTEDNESS		
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 519 29				
12	IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A + 12A + 13A)	\$ 519 29		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B + 14A)	\$ 3 342 38		30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED	\$ 0 00		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN-KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A + 18A)	\$ 0 00		35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 + 30 + 31 32 33 34)	\$ 0 00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B + 19A)	\$ 0 00				
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A + 22A + 23A)	\$ 0 00				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 7/26/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 6 000 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 6 000 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 5 700 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 300 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 100 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	
15 NAME AND ADDRESS OF LENDER		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD B)	
NAME ADDRESS CITY / STATE		\$	
NAME ADDRESS CITY / STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 14)		\$ 300 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 5,800 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 5 800 00	



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

7/26/2004

INSTRUCTIONS

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4. DATE RECEIVED - AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS A B Recycling Corporation CITY/STATE #415 East High Street POBox 1708 EMPLOYER Jefferson City Mo 65102 <input checked="" type="checkbox"/> COMMITTEE		7/1/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Busch Entertainment Corp CITY/STATE #415 East High St POBox 1708 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE		7/1/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters 245 PAF CITY/STATE 1850 E Division St EMPLOYER Springfield MO 65803 <input checked="" type="checkbox"/> COMMITTEE		7/6/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Int'l Union of Electrical Workers Local 3 CITY/STATE PAC Field 5916 W 1 EMPLOYER St. Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE		7/2/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Partners for Leadership CITY/STATE POBox 4208 EMPLOYER Springfield MO 65808 <input checked="" type="checkbox"/> COMMITTEE		7/3/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Joseph Thompson Center ILC CITY/STATE 5054 S. Highway Pk D O'Fallon Mo 63129 EMPLOYER Consultant <input type="checkbox"/> COMMITTEE		7/13/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Joseph Shill CITY/STATE 412 E. Adl d St. Louis Mo 63147 EMPLOYER Benjamin D. Willig <input type="checkbox"/> COMMITTEE		7/6/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Steven D. Ghyty CITY/STATE B 71 Wt. Lo IL 62298 EMPLOYER T. K. D. V. Yellow F. git <input type="checkbox"/> COMMITTEE		7/6/2004 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
7/26/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal - Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS LIVING MORE THAN \$100 TO A COMMITTEE	4. DATE RECEIVED - AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS I B E W Local Union 1439 PAC Fund CITY/STATE 2121 59th st EMPLOYER St Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE	7/8/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Eastern Mo Laborer Educational and Benevolent Fund CITY/STATE 3450 Hollenberg Dr EMPLOYER St Louis MO 63014 <input checked="" type="checkbox"/> COMMITTEE	7/8/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS H t & Fost In ul t o & A b t o W k Loc l l Pol Fund A t l CITY/STATE 3325 Hollenberg Dr EMPLOYER St Louis MO 63044 <input checked="" type="checkbox"/> COMMITTEE	7/9/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS UFCW Local 88 CITY/STATE 300 S Grand EMPLOYER St Louis MO 63103 <input checked="" type="checkbox"/> COMMITTEE	7/9/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Ameristar Casino Kansas City CITY/STATE POBox 33480 EMPLOYER Kansas City MO 64120 <input checked="" type="checkbox"/> COMMITTEE	7/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mo Dental Pol Action Committee CITY/STATE POBox 473 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	7/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Ameristar Casino St Charles CITY/STATE 1260 South Main st EMPLOYER St Charles MO 63601 <input checked="" type="checkbox"/> COMMITTEE	7/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Electrical Worker Pol Pol & Educ & LEg Funds CITY/STATE 580 Elizabeth EMPLOYER St Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE	7/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
7/26/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED - AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Teamsters Local 11 IAF CITY/STATE 4501 Emanuel Cleaver II Blvd EMPLOYER Kansas City Mo 64130 <input checked="" type="checkbox"/> COMMITTEE	7/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Bricklayers Local 1 of MO Truth Comm CITY/STATE 2000 Market EMPLOYER St Louis Mo 63103 <input checked="" type="checkbox"/> COMMITTEE	7/15/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 90th Legislative Joint Democratic Committee CITY/STATE POBox 143 EMPLOYER High Ridge MO 63019 <input checked="" type="checkbox"/> COMMITTEE	7/15/2004 \$ 0	\$ 500 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mo Medical PAC CITY/STATE POBox 1402 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	7/21/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CHIPP Pol Fund CITY/STATE 1401 Hampton 3rd floor EMPLOYER St Louis MO 63109 <input checked="" type="checkbox"/> COMMITTEE	7/17/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri HDCC CITY/STATE 208 Madison POBox 235 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	7/12/2004 \$ 0	\$ 300 00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN KIND
NAME ADDRESS MO State Council of Machinists PAC CITY/STATE 12365 St Charles Rock Rd EMPLOYER Bridgeton Mo 63044 <input checked="" type="checkbox"/> COMMITTEE	7/22/2004 \$ 0	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS		
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)		



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE /26/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 269 29	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 6)		\$ 269 29	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		11 AMOUNT THIS PERIOD	
8 NAME AND ADDRESS OF RECIPIENT		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME Chastity Kliensorge Trust Fund ADDRESS Multiple Sclerosis Benefit CITY/STATE Imperial MO 63052		7/10/2004	Multiple Sclerosis \$ 0 00
NAME ADDRESS CITY/STATE			<input checked="" type="checkbox"/> PAID 250 00 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 250 00	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 13)		\$ 250 00	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 519 29	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 250 00	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME ADDRESS CITY/STATE			\$
NAME ADDRESS CITY/STATE			\$
NAME ADDRESS CITY/STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 0 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 24)		\$ 0 00	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 26)		\$ 0 00	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	



NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE	7/26/2004
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(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)

[illegible]

CATEGORY OF EXPENDITURE	1970-71	1971-72	1972-73	1973-74	1974-75	1975-76	1976-77	1977-78	1978-79	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	2036-37	2037-38	2038-39	2039-40	2040-41	2041-42	2042-43	2043-44	2044-45	2045-46	2046-47	2047-48	2048-49	2049-50	2050-51	2051-52	2052-53	2053-54	2054-55	2055-56	2056-57	2057-58	2058-59	2059-60	2060-61	2061-62	2062-63	2063-64	2064-65	2065-66	2066-67	2067-68	2068-69	2069-70	2070-71	2071-72	2072-73	2073-74	2074-75	2075-76	2076-77	2077-78	2078-79	2079-80	2080-81	2081-82	2082-83	2083-84	2084-85	2085-86	2086-87	2087-88	2088-89	2089-90	2090-91	2091-92	2092-93	2093-94	2094-95	2095-96	2096-97	2097-98	2098-99	2099-00	2100-01	2101-02	2102-03	2103-04	2104-05	2105-06	2106-07	2107-08	2108-09	2109-10	2110-11	2111-12	2112-13	2113-14	2114-15	2115-16	2116-17	2117-18	2118-19	2119-20	2120-21	2121-22	2122-23	2123-24	2124-25	2125-26	2126-27	2127-28	2128-29	2129-30	2130-31	2131-32	2132-33	2133-34	2134-35	2135-36	2136-37	2137-38	2138-39	2139-40	2140-41	2141-42	2142-43	2143-44	2144-45	2145-46	2146-47	2147-48	2148-49	2149-50	2150-51	2151-52	2152-53	2153-54	2154-55	2155-56	2156-57	2157-58	2158-59	2159-60	2160-61	2161-62	2162-63	2163-64	2164-65	2165-66	2166-67	2167-68	2168-69	2169-70	2170-71	2171-72	2172-73	2173-74	2174-75	2175-76	2176-77	2177-78	2178-79	2179-80	2180-81	2181-82	2182-83	2183-84	2184-85	2185-86	2186-87	2187-88	2188-89	2189-90	2190-91	2191-92	2192-93	2193-94	2194-95	2195-96	2196-97	2197-98	2198-99	2199-00	2200-01	2201-02	2202-03	2203-04	2204-05	2205-06	2206-07	2207-08	2208-09	2209-10	2210-11	2211-12	2212-13	2213-14	2214-15	2215-16	2216-17	2217-18	2218-19	2219-20	2220-21	2221-22	2222-23	2223-24	2224-25	2225-26	2226-27	2227-28	2228-29	2229-30	2230-31	2231-32	2232-33	2233-34	2234-35	2235-36	2236-37	2237-38	2238-39	2239-40	2240-41	2241-42	2242-43	2243-44	2244-45	2245-46	2246-47	2247-48	2248-49	2249-50	2250-51	2251-52	2252-53	2253-54	2254-55	2255-56	2256-57	2257-58	2258-59	2259-60	2260-61	2261-62	2262-63	2263-64	2264-65	2265-66	2266-67	2267-68	2268-69	2269-70	2270-71	2271-72	2272-73	2273-74	2274-75	2275-76	2276-77	2277-78	2278-79	2279-80	2280-81	2281-82	2282-83	2
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TOTAL ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13 SUBTOTAL AND ATTACHED PAGES ON FORM CD 3)

1



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT (COVER PAGE)

M I C I D N O C031210

1 DATE OF REPORT	OFFICE USE ONLY
8/28/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 63052	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WOR
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 63052	10 DEPUTY TREASURER'S TELEPHONE NUMBER O (636) 461 1217 WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 7/27/2004 THROUGH 8/28/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 46 1217 STAT REPRESENTATIVE DISTRICT 10 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ 20____
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Aug 28 004 10 32AM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Aug 28 2004 10 32AM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
CITIZENS FOR T M MEADOWS	8/28/200	

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 1 863 88		
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6 650 00		MONEY ON HAND	
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00			
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00			
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	\$ 6 650 00		25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENT)	\$ 17 863 88
6	IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00		26 MONETARY RECEIPTS THIS PERIOD (FROM ITEM 2)	+ \$ 6 650 00
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	\$ 6 650 00		27 MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 17 24)	\$ 1 831 56
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00		a) Disbursements By Check \$	
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B 7A 8A)		\$ 24 513 88	b) Disbursements By Cash \$	
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 26 27)	\$ 22 682 32
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 3 342 38	INDEBTEDNESS	
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 1 066 56			
12	IN-KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00			
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00		29 OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$ 1 066 56		30 LOANS RECEIVED THIS PERIOD	+ \$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B 14A)		\$ 4 408 94	31 NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION	32 PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 0 00	33 CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 765 00		34 PAYMENT MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
18	ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 30 31 32 33 34)	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A 18A)	\$ 765 00			
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B 19A)		\$ 765 00		
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION		
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00			
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00			
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00			
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A 22A 23A)	\$ 0 00			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 8/28/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSON GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 6 350 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 6 350 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6 350 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD 1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 300 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD 1B)	
15 NAME AND ADDRESS OF LENDER		16 DATE RECEIVED	
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 11)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 6,650 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 6 650 00	

FORM CD1



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

8/28/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE

3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		4 DATE RECEIVED - AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS citizens to elect ray adams CITY/STATE 1958 during cir EMPLOYER arnold mo 63010 <input checked="" type="checkbox"/> COMMITTEE		7/30/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS o thw t n b l l o CITY/STATE o p l y p o l t o m EMPLOYER o b l l t t l m 63101 <input checked="" type="checkbox"/> COMMITTEE		8/2/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS stoll 2004 CITY/STATE pobox 603 EMPLOYER imperial mo 63052 <input checked="" type="checkbox"/> COMMITTEE		8/6/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS b l e t missouri p c CITY/STATE 1934 windriver dr EMPLOYER jeff city mo 65161 <input checked="" type="checkbox"/> COMMITTEE		8/9/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS rick johnson for speaker CITY/STATE pobox 143 EMPLOYER high ridge mo 63049 <input checked="" type="checkbox"/> COMMITTEE		8/10/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS k john o 2004 CITY/STATE m t t h o t p b x 143 EMPLOYER h g h d g m 63049 <input checked="" type="checkbox"/> COMMITTEE		8/10/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS k john on 2004 CITY/STATE m t t h o n t l pobox 143 EMPLOYER h g h d g mo 63049 <input checked="" type="checkbox"/> COMMITTEE		8/10/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS rick johnson for speaker CITY/STATE pobox 143 EMPLOYER high ridge mo 63049 <input checked="" type="checkbox"/> COMMITTEE		8/10/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

8/28/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS hbam pac CITY/STATE 215 e capitol ave EMPLOYER jeff city mo 64101 <input checked="" type="checkbox"/> COMMITTEE		8/11/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS se missouri building trades council CITY/STATE pobox 1955 EMPLOYER cape girardeau mo 63702 <input checked="" type="checkbox"/> COMMITTEE		8/21/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS teamsters local 688 pac account CITY/STATE 300 s grand EMPLOYER st louis mo 63103 <input checked="" type="checkbox"/> COMMITTEE		7/23/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS blue cross blue shield of missouri CITY/STATE pobox 5035 EMPLOYER thousand oaks ca 91359 <input checked="" type="checkbox"/> COMMITTEE		8/21/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS S T I P E N D teamsters 710 pac fund CITY/STATE 4217 halsted street EMPLOYER chicago il 60609 <input checked="" type="checkbox"/> COMMITTEE		7/24/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MATA p CITY/STATE t n m p b x 1792 EMPLOYER j f f t y mo 6510 <input checked="" type="checkbox"/> COMMITTEE		7/26/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MATA p CITY/STATE w t mo pobox 1792 EMPLOYER j f f t y mo 65102 <input checked="" type="checkbox"/> COMMITTEE		7/26/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MATA p CITY/STATE t l m pobox 1792 EMPLOYER j f f t y mo 65102 <input checked="" type="checkbox"/> COMMITTEE		7/26/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 8/28/2004
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INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS MATA pac CITY/STATE pobox 1792 EMPLOYER jeff city mo 610 <input checked="" type="checkbox"/> COMMITTEE	7/26/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS credit union pac CITY/STATE 2055 craigshire dr ve EMPLOYER st louis mo 63146 <input checked="" type="checkbox"/> COMMITTEE	7/27/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS dk governmental solutions llc CITY/STATE 121 courtfield dr EMPLOYER ofallon mo 63306 <input checked="" type="checkbox"/> COMMITTEE	7/29/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS l f p o n CITY/STATE 1641 popp f ry EMPLOYER t b b l m 39532 <input checked="" type="checkbox"/> COMMITTEE	7/30/2004 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters PAF 24 CITY/STATE 1850 E Division t EMPLOYER Springfield mo 65803 <input checked="" type="checkbox"/> COMMITTEE	8/26/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Murphy for Sheriff CITY/STATE 7359 Yates EMPLOYER St Louis MO 63116 <input checked="" type="checkbox"/> COMMITTEE	8/24/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Diekemper Hammond Shinnars Turcotte and larrew CITY/STATE 7730 Carondelet suite 200 EMPLOYER st louis MO 63105 <input checked="" type="checkbox"/> COMMITTEE	8/27/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 8/28/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 304 22	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)		\$ 304 22	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME t m meadows ADDRESS 1027 cantebury circle CITY/STATE imperal mo 63052		7/30/2004	campaign/electi \$ 0 00 <input checked="" type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME trio graphics ADDRESS 3620 jeffco CITY/STATE arnold mo 63010		8/3/2004	printing \$ 0 00 <input checked="" type="checkbox"/> PAID 239 10 <input type="checkbox"/> INCURRED
NAME shop n save ADDRESS jeffco blvd CITY/STATE arnold mo 63010		8/15/2004	campaign lunche \$ 0 00 <input checked="" type="checkbox"/> PAID 148 24 <input type="checkbox"/> INCURRED
NAME the rock ADDRESS arnold mo 63010 CITY/STATE		8/26/2004	ad \$ 0 00 <input checked="" type="checkbox"/> PAID 175 00 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 762 34	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 + 13)		\$ 762 34	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 + 14)		\$ 1 066 56	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 762 34	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD18)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME james country mercantile ADDRESS kimmswick reenactment CITY/STATE kimmswick mo		8/5/2004	\$ 65 00
NAME jeffco democrat club ADDRESS hillsboro civic club CITY/STATE hillsboro mo 63050		8/1/2004	\$ 400 00
NAME committee to elect jeff roorda ADDRESS barnhart mo 63012 CITY/STATE		8/4/2004	\$ 300 00
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 765 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 0 00	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 + 24)		\$ 765 00	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 + 26)		\$ 765 00	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	

FORM CD3

MISSOURI ETHICS COMMISSION
EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
8/28/2004

EXPENDITURES OF \$100 OR LESS BY CATEGORY

(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)

AMOUNT PAID OR INCURRED THIS PERIOD
--

CATEGORY OF EXPENDITURE	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	2036-37	2037-38	2038-39	2039-40	2040-41	2041-42	2042-43	2043-44	2044-45	2045-46	2046-47	2047-48	2048-49	2049-50	2050-51	2051-52	2052-53	2053-54	2054-55	2055-56	2056-57	2057-58	2058-59	2059-60	2060-61	2061-62	2062-63	2063-64	2064-65	2065-66	2066-67	2067-68	2068-69	2069-70	2070-71	2071-72	2072-73	2073-74	2074-75	2075-76	2076-77	2077-78	2078-79	2079-80	2080-81	2081-82	2082-83	2083-84	2084-85	2085-86	2086-87	2087-88	2088-89	2089-90	2090-91	2091-92	2092-93	2093-94	2094-95	2095-96	2096-97	2097-98	2098-99	2099-00	2100-01	2101-02	2102-03	2103-04	2104-05	2105-06	2106-07	2107-08	2108-09	2109-10	2110-11	2111-12	2112-13	2113-14	2114-15	2115-16	2116-17	2117-18	2118-19	2119-20	2120-21	2121-22	2122-23	2123-24	2124-25	2125-26	2126-27	2127-28	2128-29	2129-30	2130-31	2131-32	2132-33	2133-34	2134-35	2135-36	2136-37	2137-38	2138-39	2139-40	2140-41	2141-42	2142-43	2143-44	2144-45	2145-46	2146-47	2147-48	2148-49	2149-50	2150-51	2151-52	2152-53	2153-54	2154-55	2155-56	2156-57	2157-58	2158-59	2159-60	2160-61	2161-62	2162-63	2163-64	2164-65	2165-66	2166-67	2167-68	2168-69	2169-70	2170-71	2171-72	2172-73	2173-74	2174-75	2175-76	2176-77	2177-78	2178-79	2179-80	2180-81	2181-82	2182-83	2183-84	2184-85	2185-86	2186-87	2187-88	2188-89	2189-90	2190-91	2191-92	2192-93	2193-94	2194-95	2195-96	2196-97	2197-98	2198-99	2199-00	2200-01	2201-02	2202-03	2203-04	2204-05	2205-06	2206-07	2207-08	2208-09	2209-10	2210-11	2211-12	2212-13	2213-14	2214-15	2215-16	2216-17	2217-18	2218-19	2219-20	2220-21	2221-22	2222-23	2223-24	2224-25	2225-26	2226-27	2227-28	2228-29	2229-30	2230-31	2231-32	2232-33	2233-34	2234-35	2235-36	2236-37	2237-38	2238-39	2239-40	2240-41	2241-42	2242-43	2243-44	2244-45	2245-46	2246-47	2247-48	2248-49	2249-50	2250-51	2251-52	2252-53	2253-54	2254-55	2255-56	2256-57	2257-58	2258-59	2259-60	2260-61	2261-62	2262-63	2263-64	2264-65	2265-66	2266-67	2267-68	2268-69	2269-70	2270-71	2271-72	2272-73	2273-74	2274-75	2275-76	2276-77	2277-78	2278-79	2279-80	2280-81	2281-82	2282-83	2283-84	2284-85	2285-86	2286-87	2287-88	2288-89	2289-90	2290-91	2291-92	2292-93	2293-94	2294-95	2295-96	2296-97	2297-98	2298-99	2299-00	2300-01	2301-02	2302-03	2303-04	2304-05	2305-06	2306-07	2307-08	2308-09	2309-10	2310-11	2311-12	2312-13	2313-14	2314-15	2315-16	2316-17	2317-18	2318-19	2319-20	2320-21	2321-22	2322-23	2
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balloons

\$	9	22
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campaign meeting luncheon

\$	100 00
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campaign workers dinner

\$	37 00
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stamps

\$	74 00
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100%	
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80%	
70%	
60%	
50%	
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TOTAL ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)

§



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C031240

1 DATE OF REPORT 8/28/2004	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
CITY / STATE / ZIP IMPERIAL MO 63052	
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
CITY / STATE / ZIP DESOTO MO 63020	
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> (CHECK IF NO DEPUTY TREASURER) CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 630	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (636) 461 1217 WORK
11 DATE OF ELECTION	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 7/27/2004 THROUGH 8/28/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/> _____	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBIT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> AMENDING PREVIOUS REPORT DATED 8/28/2005 20 04
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Aug 28 004 12 00PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Aug 28 2004 12 00PM CANDIDATE SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
CITIZENS FOR TOM MEADOWS	8/28/200	

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 17 863 88		
2 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 6 950 00			MONEY ON HAND	
3 ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4 MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	\$ 6 950 00				
6 IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00			25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 17 863 88
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	\$ 6 950 00			26 MONETARY RECEIPTS THIS PERIOD (FROM ITEM)	+ \$ 6 950 00
8 FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00			27 MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 17 24)	\$ 1 831 56
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B 7A 8A)			\$ 24 813 88) D b r e m e n t s By Check \$ _____ b) D b r e m e n t s By C h e k \$ _____	
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 26 27)	
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 3 342 38	\$ 22 982 32	
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 1 06 56			INDEBTEDNESS	
12 IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$ 1 06 56				
15 TOTAL EXPENDITURES THIS ELECTION (SUM 10B 14A)			\$ 4 408 94	29 OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION	30 LOANS RECEIVED THIS PERIOD	+ \$ 0 00
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 0 00	31 NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 76 00			32 PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00			33 CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A 18A)	\$ 76 00			34 PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B 19A)			\$ 765 00	35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 30 31 32 33 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION		
21 FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22 PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24 TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A 22A 23A)	\$ 0 00				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 8/28/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
View Supplemental Form(s)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 6 650 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 6 650 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 6 650 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 300 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	
15 NAME AND ADDRESS OF LENDER		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD- B)	
NAME ADDRESS CITY / STATE		\$	
NAME ADDRESS CITY / STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 6,950 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 6,950 00	

FORM CD1



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
8/28/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS citizens to elect ray adams CITY/STATE 1958 during circle EMPLOYER arnold mo 63010 <input checked="" type="checkbox"/> COMMITTEE	7/30/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS o thw t b ll CITY/STATE mploy p l t m EMPLOYER b ll t t l m 63101 <input checked="" type="checkbox"/> COMMITTEE	8/2/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS stoll 2004 CITY/STATE pobox 603 EMPLOYER imperial mo 63012 <input checked="" type="checkbox"/> COMMITTEE	8/6/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS b l e t missouri pac CITY/STATE 1934 windriver dr EMPLOYER jeff city mo 65101 <input checked="" type="checkbox"/> COMMITTEE	8/9/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS rick johnson for speaker CITY/STATE pobox 143 EMPLOYER high ridge mc 63019 <input checked="" type="checkbox"/> COMMITTEE	8/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS k j h 2004 CITY/STATE m t h t p b 143 EMPLOYER h gh dg m 3049 <input checked="" type="checkbox"/> COMMITTEE	8/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS k j h o 2004 CITY/STATE m t t h n t pob 143 EMPLOYER h gh dg mo 63049 <input checked="" type="checkbox"/> COMMITTEE	8/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS rick johnson for speaker CITY/STATE pobox 143 EMPLOYER high ridge mo 63049 <input checked="" type="checkbox"/> COMMITTEE	8/10/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
8/28/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS hbam pac CITY/STATE 215 e capitol ave EMPLOYER jeff city mo 65103 <input checked="" type="checkbox"/> COMMITTEE	8/11/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS se missouri building trades council CITY/STATE pobox 1955 EMPLOYER cape girardeau mo 63702 <input checked="" type="checkbox"/> COMMITTEE	8/21/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS teamsters local 688 pac account CITY/STATE 300 s grand EMPLOYER st louis mo 63103 <input checked="" type="checkbox"/> COMMITTEE	7/23/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS blue cross blue shield of missouri CITY/STATE pobox 5035 EMPLOYER thousand oaks ca 9139 <input checked="" type="checkbox"/> COMMITTEE	8/21/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS S T I P E N D teamsters 710 pac fund CITY/STATE 4217 halsted street EMPLOYER chicago il 60609 <input checked="" type="checkbox"/> COMMITTEE	7/24/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MATA p CITY/STATE t m pob x 1792 EMPLOYER j ff ty m 610 <input checked="" type="checkbox"/> COMMITTEE	7/26/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MATA p CITY/STATE w t n mo pobox 1792 EMPLOYER j ff ty mo 112 <input checked="" type="checkbox"/> COMMITTEE	7/26/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MATA p CITY/STATE nt l mo p box 1792 EMPLOYER j ff ty mo 65102 <input checked="" type="checkbox"/> COMMITTEE	7/26/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
8/28/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS MATA pac CITY/STATE pobox 1792 EMPLOYER jeff city mo 65102 <input checked="" type="checkbox"/> COMMITTEE	7/26/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS credit union pac CITY/STATE 2055 craigshire drive EMPLOYER st louis mo 63106 <input checked="" type="checkbox"/> COMMITTEE	7/27/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS dk governmental solutions llc CITY/STATE 121 courtfield d EMPLOYER ofallon mo 63306 <input checked="" type="checkbox"/> COMMITTEE	7/29/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS l of p CITY/STATE 1641 p pp f ry d EMPLOYER t b b l m 39532 <input checked="" type="checkbox"/> COMMITTEE	7/30/2004 \$ 0	\$ 250 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Teamsters PAF 245 CITY/STATE 1850 E Division St EMPLOYER Springfield mo 65803 <input checked="" type="checkbox"/> COMMITTEE	8/26/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Murphy for Sheriff CITY/STATE 7309 Yates EMPLOYER St Louis MO 63116 <input checked="" type="checkbox"/> COMMITTEE	8/24/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Diekemper Hammond Shinners Turcotte and larrew CITY/STATE 7730 Carondelet suite 200 EMPLOYER st louis MO 63105 <input checked="" type="checkbox"/> COMMITTEE	8/27/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS citizens to elect ray adams CITY/STATE 1958 during circle EMPLOYER arnold mo 63010 <input checked="" type="checkbox"/> COMMITTEE	8/3/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 3/28/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)			4 AMOUNT PAID OR INCURRED THIS PERIOD
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)			\$
			\$
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)			\$ 0 00
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES			+ \$ 304 22
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 + 6)			\$ 304 22
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME tim meadows ADDRESS 1027 cantebury circ e CITY/STATE mper al mo 6305		7/30/2004	campaign/electi \$ 0 00 <input checked="" type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME tr o graphics ADDRESS 3620 jeffco CITY/STATE arnold mo 63010		8/3/2004	printing \$ 0 00 <input checked="" type="checkbox"/> PAID 239 10 <input type="checkbox"/> INCURRED
NAME shop n save ADDRESS jeffco blvd CITY/STATE arnold mo 63010		8/15/2004	campaign lunche \$ 0 00 <input checked="" type="checkbox"/> PAID 148 24 <input type="checkbox"/> INCURRED
NAME the rock ADDRESS arnold mo 63010 CITY/STATE		8/26/2004	ad \$ 0 00 <input checked="" type="checkbox"/> PAID 175 00 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)			\$ 762 34
13 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 13)			\$ 762 34
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)			\$ 1 066 56
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD			\$ 762 34
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD			\$ 0 00
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT			\$ 0 00
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)			\$ 0 00
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME james country mercantile ADDRESS k mmswick reenactment CITY/STATE kimmswick mo		8/ 5/2004	\$ 65 00
NAME jeff co democratic club ADDRESS hillsboro c v c club CITY/STATE hillsboro mo 63050		8/ 1/2004	\$ 400 00
NAME committee to elect jeff roorda ADDRESS barnhart mo 63012 CITY/STATE		8/ 4/2004	\$ 300 00
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)			\$ 765 00
24 SUBTOTAL ANY ATTACHED PAGES			+ \$ 0 00
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 24)			\$ 765 00
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT			\$ 0 00
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 26)			\$ 765 00
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT			\$ 0 00



NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE	8/28/2004
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(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CL3 SUP B)

AMOUNT PAID OR
INCURRED THIS PERIOD

balloons

\$	93 22
----	-------

campaign meeting luncheon

\$	100 00
----	--------

campaign workers dinner

\$	37 00
----	-------

stamps

\$	74 00
----	-------

§

\$

\$

\$

\$

\$

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\$

\$

\$

\$

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\$

\$

\$

\$

\$1

63

TOTAL ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)

\$



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT (COVER PAGE)

M E C ID NO C031210

1 DATE OF REPORT	OFFICE USE ONLY
9/30/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 63052	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 630	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (636) 461 1217 WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 8/28/2004 THROUGH 9/30/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input checked="" type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input checked="" type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (AT ACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ 20____
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Oct 12 2004 9 51PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Oct 12 2004 9 51PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE OF REPORT 9/30/200	OFFICE USE ONLY
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RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 0 00		
2 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 13 634 00			MONEY ON HAND	
3 ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4 MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 31 80			25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENT)	\$ 22 982 32
5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	\$ 13 665 80			26 MONETARY RECEIPTS THIS PERIOD (FROM ITEM)	+ \$ 13 665 80
6 IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00			27 MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 17 24)	\$ 16 192 62
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	\$ 13 665 80			a) D b rseme ts By Check \$	
8 FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00			b) D b rseme t By Ca h \$	
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B 7A 8A)			\$ 13 665 80	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 26 27)	\$ 20 455 50
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS	
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 0 00	29 OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 15 41 62			30 LOANS RECEIVED THIS PERIOD	+ \$ 0 00
12 IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00			31 NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00			32 PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$ 15 41 62			33 CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
15 TOTAL EXPENDITURES THIS ELECTION (SUM 10B 14A)			\$ 15 412 62	34 PAYMENT MADE THIS PERIOD ON DEBT INCURRED IN PREVIOUS PERIOD	\$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION	OTHER DISBURSEMENTS	
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 0 00	21 FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 780 00			PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00
18 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00			23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A 18A)	\$ 780 00			24 TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A 22A 23A)	\$ 0 00
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B 19A)			\$ 780 00	35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 30 31 32 33 34)	\$ 0 00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 9/30/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
View Supplemental Form(s)		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 12 525 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 12 525 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 12 525 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 200 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 909 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		16 DATE RECEIVED	
15 NAME AND ADDRESS OF LENDER NAME ADDRESS CITY / STATE		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD 1B)	
NAME ADDRESS CITY / STATE		\$	
NAME ADDRESS CITY / STATE		\$	
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTION (SUM 9 11 12 & 13)		\$ 13 634 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 13 434 00	

FORM CD1



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
 CITIZENS FOR TIM MEADOWS

DATE
 9/30/2004

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A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED - AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/7/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/17/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	9/17/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

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NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

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A ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE

DATE RECEIVED

AGGREGATE TO
DATE

5 AMOUNT RECEIVED

(CHECK IF MONETARY
OR IN KIND)

3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	h t g n d f o t l t r n d b t k l l 1 p l t l 3325 j l l n b g dr t lo m 63044	9/23/2004 \$ 0	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	l l n 8 l d h g h l d IL 6224 y l l o w f g h t	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE	don ld h w l l j 221 k d k t t o y m o 63379 USF Holl nd	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	jeff co Labor pol comm 181 S Benedict Pevely Mo 63049	9/23/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MO school Admin IA 398 Dix rd suite 01 Jefferson City Mo 65109	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Int L U o f Op t g f g n Lo l 2 Vol Pol A t on F 2929 S J ff on v St L MO 63113	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MO Medical Political action committee POBox 1402 Jefferson City MO 65102	9/23/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Sheet Metal Workers local 36 POL educ acct 301 South Ewing St Louis Mo 63102	9/23/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION

CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

9/30/2004

INSTRUCTIONS

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A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED - AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS D w y B o d 3628 C t l ma CITY/STATE t Lo MO 63110 EMPLOYER h k <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS k hol 2033 h ppy l CITY/STATE t lo mo 63125 EMPLOYER lf mploy d <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS f nk m yt 2109 t lfo d d CITY/STATE t lou mo 63125 EMPLOYER o thw t n b ll <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS l ry j t nk 2949 v to d CITY/STATE f t m 63028 EMPLOYER t m t lo l 600 <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS no m n mo j 2270 f wn d CITY/STATE ld mo 63010 EMPLOYER lf mploy d <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS v n l ll v n 2881 t mny CITY/STATE ld m 63010 EMPLOYER fox hool d t <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS b n l ffl 4101 hotw ll d v CITY/STATE g r ld mo 63037 EMPLOYER dw y xp <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS d v d g pobo 1182 CITY/STATE l k h wo d mo 3357 EMPLOYER f holl d <input type="checkbox"/> COMMITTEE	9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

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3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS J l Z m m n 1983 F P nt D CITY/STATE A n ld MO 63010 EMPLOYER t d <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS John M Ch m 411 J ff n St CITY/STATE H ul n m MO 6 043 EMPLOYER m y <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS M k D km n 1560 F x R dg t CITY/STATE old MO 63010 EMPLOYER t d <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS ph l j m to 2505 H k y qu pl CITY/STATE nold MO 63010 EMPLOYER tob l m n <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS M B k w llow l CITY/STATE n ld MO 63010 EMPLOYER r t d <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS m h l h g b l 9313 tht wn f m d CITY/STATE tlo m 63123 EMPLOYER t m t 688 <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS M t n G g 1430 N h ln CITY/STATE t Lo MO 63026 EMPLOYER t m t l 1 600 <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS k l l mond 2452 w mb ld t d CITY/STATE f tu m 63028 EMPLOYER hom m k <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
TOTAL ITEMIZED CONTRIBUTIONS			
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)			



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

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NAME OF COMMITTEE

CITIZENS OR TIM MEADOWS

DATE

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3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS j g l l 1822 p g d CITY/STATE h t f ld MO 3065 EMPLOYER t m t 688 <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS HB B w Co t t 3346 b t CITY/STATE nold m 63010 EMPLOYER lf mpl y d <input type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS mo state trooper a so leg aact CITY/STATE 1229 east elm EMPLOYER jefferson city MO 65101 <input checked="" type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS o p lodg 83 m w p CITY/STATE 212 t l EMPLOYER h lwo d mo 63042 <input checked="" type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS am p 2722 t m C rthy CITY/STATE POBox 1645 EMPLOYER J ff on C ty MO 6 10 <input checked="" type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS laborors local 718 vol pol fund CITY/STATE pobox 132 EMPLOYER desoto mo 63070 <input checked="" type="checkbox"/> COMMITTEE		9/23/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Missouri Drive F nd CITY/STATE 1850 E Division St EMPLOYER Springfield MO 6 803 <input checked="" type="checkbox"/> COMMITTEE		9/27/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Machinists dist o pa CITY/STATE 12365 st charles rock rd EMPLOYER st Louis mo 6 044 <input checked="" type="checkbox"/> COMMITTEE		9/30/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
9/30/2004

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3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS gas workers local 56 vol pol act comm CITY/STATE 7550 olive blvd EMPLOYER st louis mo 63130 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS IBEW local 1439pac fund CITY/STATE 2121 59th st EMPLOYER st Louis MO 63110 <input checked="" type="checkbox"/> COMMITTEE	9/11/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Tmt Union 795 CITY/STATE DRIVE POL ACT COMM 491 na EMPLOYER wtht KS 67210 <input checked="" type="checkbox"/> COMMITTEE	9/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CWA Dist 6 Pol Edu Comm CITY/STATE 10820 Sunset Office Dr suite 101 EMPLOYER St Louis MO 63107 <input checked="" type="checkbox"/> COMMITTEE	9/14/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS House Capitol Demo Circle CITY/STATE POBox 832 EMPLOYER Jefferson City MO 65102 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CWA dist 6 pol educ comm CITY/STATE 10820 sunset office suite 101 EMPLOYER st louis mo 63127 <input checked="" type="checkbox"/> COMMITTEE	9/16/2004 \$ 0	\$ 100 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS ray salva for state rep CITY/STATE 11422 east park t EMPLOYER sugar creek mo 6404 <input checked="" type="checkbox"/> COMMITTEE	9/15/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MBA Gateway Regional PAC CITY/STATE 207 East Capitol ave EMPLOYER Jefferson City MO 65101 <input checked="" type="checkbox"/> COMMITTEE	9/27/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

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A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME ADDRESS Teamsters Local 107 PAC CITY/STATE 2845 South Hampton Rd EMPLOYER Philadelphia PA 19154 <input checked="" type="checkbox"/> COMMITTEE	9/28/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Mo Correctional Officers Assoc CITY/STATE 1103 R Southwest Blvd EMPLOYER Jefferson City Mo 65109 <input checked="" type="checkbox"/> COMMITTEE	9/28/2004 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Harrahs Operating CITY/STATE 1023 Cherry rd EMPLOYER Memphis Tn 38117 <input checked="" type="checkbox"/> COMMITTEE	9/30/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS G v m t f f m m CITY/STATE t l h p t N t o n l l t t EMPLOYER 3245 h m p t v t L Mo 6313 <input checked="" type="checkbox"/> COMMITTEE	9/30/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS AGC of st louis IAC CITY/STATE 6330 KMOX industrial dr EMPLOYER st Louis MO 63133 <input checked="" type="checkbox"/> COMMITTEE	9/30/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS teamsters local 541 CITY/STATE 4501 Van brunt EMPLOYER Kansas City mo 6410 <input checked="" type="checkbox"/> COMMITTEE	8/30/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS chipp political fund CITY/STATE 1401 hampton 3rd floor EMPLOYER st louis mo 63133 <input checked="" type="checkbox"/> COMMITTEE	8/30/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS STIPEND CITY/STATE T m 710 p 4217 th h l t d EMPLOYER h g l 60609 <input checked="" type="checkbox"/> COMMITTEE	9/1/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

9/30/2004

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4. DATE RECEIVED - AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS electrical worker vol political educa and leg fund CITY/STATE 5850 eliabeth st louis mo 63110 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		9/2/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS mo state council firefighters pac CITY/STATE 6320 manchester suite 41a kansas city mo 64113 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		9/2/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS drive for kansas CITY/STATE 1231 nw eugene topeka ks 66608 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		9/2/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS f w l 188 m t t fl CITY/STATE 300 othg d t lo mo 63103 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		9/3/2004 \$ 0	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS brewers and malster benevolent assoc CITY/STATE 3650 wisconsin ave st louis mo 63118 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		9/4/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS st louis polic leadership org CITY/STATE 3460 hampton suite 106 st louis mo 63139 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		9/16/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS m tth l b m 11940 moo l d wood l CITY/STATE t l mo 63146 lf mply d pol t l o lt t EMPLOYER <input type="checkbox"/> COMMITTEE		9/16/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS dk government solutions llc CITY/STATE 212 courtfield drive ofallon mo 63366 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE		9/16/2004 \$ 0	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
FUND RAISING STATEMENT

INSTRUCTIONS ON REVERSE SIDE

C031240

REPORT DATE

9/30/2004

STATEMENT OF FUND RAISING ACTIVITY OR EVENT

1 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE FOR WHOM FUNDS WERE RAISED

CITIZENS FOR TIM MEADOWS

2 LOCATION OF ACTIVITY OR EVENT NAME AND ADDRESS

Robert E Lee Riverboat
Kimmswick MO 63051

3 DESCRIPTION OF ACTIVITY OR EVENT AND FUND-RAISING METHODS USED

social gathering with food and drinks

4 DATE OF ACTIVITY OR EVENT

9/23/2004

6 NAME AND ADDRESS OF PERSON CONDUCTING ACTIVITY OR EVENT

Robert E Lee Riverboat
Kimmswick MO 65101

5 NUMBER OF PARTICIPANTS

200

RECEIPTS FROM ACTIVITY OR EVENT

7 AMOUNT

8 TOTAL CONTRIBUTIONS (\$100 OR LESS PER PERSON) FROM PERSONS WHOSE NAMES AND ADDRESSES
COULD NOT BE OBTAINED

\$ 0 00

9 TOTAL CONTRIBUTIONS FROM PERSONS WHOSE NAME AND ADDRESSES ARE CONTAINED IN COMMITTEE
RECORDS

\$ 6 510 00

10 GROSS RECEIPTS FROM ACTIVITY OR EVENT (SUM 8 AND 9)

\$ 6 510 00

11 EXPLAIN WHY NAMES AND ADDRESSES OF PERSONS CONTRIBUTING \$25 OR LESS COULD NOT BE OBTAINED

N/A

12 INDIVIDUAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

13 AMOUNT

fundraiser

\$ 975 00

\$

\$

\$

14 TOTAL EXPENDITURES MADE FOR ACTIVITY OR EVENT

\$ 975 00



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE /30/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE View Supplemental Form(s)		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGE		+ \$ 157 70	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 6)		\$ 157 70	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS View Supplemental Form(s) CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 0 00	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 15 254 92	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 13)		\$ 15 254 92	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)		\$ 15 412 62	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 15 254 92	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE REGARDLESS OF AMOUNT		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME ADDRESS View Supplemental Form(s) CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 0 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 780 00	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 24)		\$ 780 00	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 26)		\$ 780 00	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	

MISSOURI ETHICS COMMISSION
EXPENDITURES OF \$100 OR LESS BY CATEGORY SUPPLEMENTAL FORM

OFFICE USE ONLY

[illegible]



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		REPORT DATE 9/30/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS NAME AND ADDRESS OF RECIPIENT		DATE	PURPOSE (IF PAYMENT AS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME phil p ADDRESS 6 M S PO 1924 CITY/STATE Jeff C y M		/27/2004	millers \$ 0 00 <input type="checkbox"/> PAID 10 000 00 <input type="checkbox"/> INCURRED
NAME tr o graph cs ADDRESS jeffco blvd CITY/STATE arnold mo 63010		9/30/2004	pr n ing \$ 0 00 <input type="checkbox"/> PAID 134 04 <input type="checkbox"/> INCURRED
NAME Robert E Lee Riverboat ADDRESS Kimmswick MO 63051 CITY/STATE		9/30/2004	fundraiser \$ 0 00 <input type="checkbox"/> PAID 975 00 <input type="checkbox"/> INCURRED
NAME tr o graph cs ADDRESS jeffco blvd CITY/STATE arnold mo 63010		9/9/2004	printing \$ 0 00 <input type="checkbox"/> PAID 231 60 <input type="checkbox"/> INCURRED
NAME petty cash ADDRESS CITY/STATE		9/11/2004	pe ty cash \$ 0 00 <input type="checkbox"/> PAID 300 00 <input type="checkbox"/> INCURRED
NAME us postal service ADDRESS CITY/STATE		9/14/2004	po tage \$ 0 00 <input type="checkbox"/> PAID 111 00 <input type="checkbox"/> INCURRED
NAME media magic ADDRESS hillsboro mo 63050 CITY/STATE		9/20/2004	county flyer \$ 0 00 <input type="checkbox"/> PAID 1 000 00 <input type="checkbox"/> INCURRED
NAME tc custom print ng ADDRESS 4558 Dakota Trail CITY/STATE st louis mo 63304		9/20/2004	advertising shi \$ 0 00 <input type="checkbox"/> PAID 289 34 <input type="checkbox"/> INCURRED
NAME tr o graph cs ADDRESS jeffco blvd CITY/STATE arnold mo 63010		9/24/2004	printing \$ 0 00 <input type="checkbox"/> PAID 2 011 88 <input type="checkbox"/> INCURRED
NAME shop n save ADDRESS jeffco blvd CITY/STATE arnold mo 63010		9,26/2004	campaign canvas \$ 0 00 <input type="checkbox"/> PAID 202 06 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE		DATE
CITIZEN FOR TIM MEADOWS		9/30/2004
MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		
NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME H O P E ADDRESS -Brian Leffler CITY/STATE Gerald MO	9 11/2004	\$ 150 00
NAME Miller County Democrats ADDRESS CITY/STATE	9/18/2004	\$ 100 00
NAME Friends to Elect Boyer for Sheriff ADDRESS CITY/STATE	9 25/2004	\$ 75 00
NAME St David s Fundrai er ADDRESS Tenbrooke Rd CITY/STATE Arnold MO 63010	9,26/2004	\$ 105 00
NAME Committee to Elect Claire McCa kill ADDRESS CITY/STATE	9/25/2004	\$ 200 00
NAME Citizens to Elect owell 2004 ADDRESS CITY/STATE	9/29/2004	\$ 150 00
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25 SUBTOTAL AN) ATTACHED PAGES ON FORM CD 3)		\$



Missouri Ethics Commission
ADDENDUM STATEMENT

M L C ID NO C031240

INSTRUCTIONS ON REVERSE SIDE

PURPOSE Form Addendum should be used for explanation of any additional information needed to complete an accurate filing of this report

redeposited check#350 1/29/04 for 31 80 that never cleared bank



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

MEC ID NO C031210

1 DATE OF REPORT 10/22/2004	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 6305	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (36) 337 7870 WORK
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 6305	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (636) 461 1217 WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 10/1/2004 THROUGH 10/21/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input checked="" type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (AT ACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ 20____
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Oct 22 2004 36PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Oct 22 2004 36PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE OF REPORT 10/22/20	OFFICE USE ONLY
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RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION	
1 TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 13 665 80		
2 ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 475 20			MONEY ON HAND	
3 ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4 MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5 SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	\$ 475 20			25 MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENTS)	\$ 20 455 50
6 IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00			26 MONETARY RECEIPTS THIS PERIOD (FROM ITEM 2)	+ \$ 16 475 20
7 TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	\$ 16 475 20			27 MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 17 24)	\$ 16 333 20
8 FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00) Disbursements By Check \$ _____ b) Disbursements By Cash \$ _____	
9 TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B 7A 8A)			\$ 30 141 00	28 MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 26 27)	\$ 20 597 50
EXPENDITURES		A THIS PERIOD	B THIS ELECTION		
10 TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 15 412 62		
11 EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 4 796 50			INDEBTEDNESS	
12 IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13 DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14 TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$ 14 796 50			29 OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15 TOTAL EXPENDITURES THIS ELECTION (SUM 10B 14A)			\$ 30 209 12	30 LOANS RECEIVED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION		
16 TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED			\$ 780 00	31 NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17 ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 536 70			32 PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18 ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00			33 CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19 TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A 18A)	\$ 1 536 70			34 PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20 TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B 19A)			\$ 2 316 70	35 TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 30 31 32 33 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION		
21 FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22 PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23 ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24 TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A 22A 23A)	\$ 0 00				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 10/22/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 15 050 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 15 050 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 15 050 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN K N D CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED IN LINE 8 ON FORM CD1A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 1 425 20	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		17 AMOUNT OF LOAN (IF MORE THAN \$100 ATT CH CD-1B)	
15 NAME AND ADDRESS OF LENDER		16 DATE RECEIVED	
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 16,475 20	
3 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 16 475 20	

FORM CD1



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

10/22/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE

3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MATAPAC E t n P POBOX 1792 J f f C t y MO 6510	10/2/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MATAPAC W t PAC POBOX 1792 J f f on C t y MO 6510	10/2/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MATAPAC C n t l PAC POBOX 1792 J f f C t y MO 6510	10/2/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MATAPAC POBOX 1792 Jefferson City Mo 65102	10/2/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MISSOURI NEA PAC 1810 East Elm St JEfferson City MO 65101	10/4/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Sprint of Mo PAC POBOX 1024 Jefferson City MO 65102	10/9/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Teamsters 688 PAC 300 S Grand St Louis Mo 63103	10/9/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Local 610 Pol Act on Cm m F nd 11472 Schenk Dr Maryland Heights Mo 63043	10/9/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

0/22/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE

4 DATE RECEIVED

AGGREGATE TO
DATE

5 AMOUNT RECEIVED

(CHECK IF MONETARY
OR IN KIND)

3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	T m t Lo 1 60) DRIVE PAC 141 W ldon PKWY M y l d H ght MO 63043	10/12/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Teamsters Local 41 PAF 4501 Emanuel Cleaver Blvd Kansas City MO 64130	10/12/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Rock Labor club POBOX 31 Eureka MO 6302	0/12/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Greene Co Demo Central Comm 1907 South Stewart Ave Springfield MO 6 804	0/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	PFEM PAC 6100 Madison Ave St Louis Mo 63134	10/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Local 682 PAC Fund 7530 Elizabeth Ave St Louis MO 63110	10/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Wholesale Eqty Devepmt Crp One Busch Place St Louis MO 63118	10/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Sea World INC One Busch Place St Louis Mo 63118	0/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	DATE 10/22/2004
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INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE	4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME M T m S l INC ADDRESS 1808 Southw t v CITY/STATE POBOX 104445 EMPLOYER J f f on C ty MO 6 110 <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Realtors PAC MO ADDRESS POBOX 30635 CITY/STATE Columbia MO 65205 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Eastern MO Laborer Educ and Benevolent Fund ADDRESS 3550 Hollenberg Dr CITY/STATE Bridgeton MO 63044 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/13/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME 78th Dist Leg Demo Comm ADDRESS 1960 Acorn Trail CITY/STATE Florissant MO 63031 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/13/2004 \$ 0	\$ 3 000 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Mo Assoc of Nurses Anesthetists PAC ADDRESS 16141 Swingley Ridge Road Suite 110 CITY/STATE Chesterfield MO 3017 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/13/2004 \$ 0	\$ 150 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME 19th Demo Sen Comm ADDRESS POBOX 555 CITY/STATE Columbia MO 65 0 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 0	\$ 3 000 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME MO AFL CIO COPE ADDRESS 227 Jefferson St CITY/STATE Jefferson City MO 65101 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	10/14/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME Womens Demo Club of Jeff Co ADDRESS POBOX 100 CITY/STATE Hillsboro MO 63050 EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	0/15/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

10/22/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

If further information is needed concerning reporting itemized expenditures see Form CD 1 Instructions.

A ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE

3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	HOLCIM US INC St G v 2942 US HWY 61 Bloomsd l MO 63627	10/15/2004 \$ 0	\$ 200 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	MO Teachers Assoc Leg Imp COMM POBox 458 Columbia MO 6520	10/15/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	3rd Cong Dist Demo Comm 2017 So Grand Blvd St Louis MO 63104	10/15/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	St Louis Labor Council AFL CIO Project 2000 1401 Hampton St Louis MO 63109	0/16/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Gl A h t t l M t l d Gl Wk Lo 1513 PAC F nd 5916 W l o A St Lo Mo 63110	0/16/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	110th DEMO Leg Comm POBox 96 Hillsboro MO 63050	10/16/2004 \$ 0	\$ 800 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Ameristar Casino St Charles 1260 S Main St St Charles MO 6301	0/18/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input checked="" type="checkbox"/> COMMITTEE	Ameristar Casino Kansas City POBox 33480 Kansas City MO 6410	0/18/2004 \$ 0	\$ 300 00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 0/22/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE			
checks		\$ 15 95	
printing		\$ 65 75	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 81 70	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 0 00	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 6)		\$ 81 70	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	
8 NAME AND ADDRESS OF RECIPIENT		9 DATE	11 AMOUNT THIS PERIOD
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS View Supplemental Form(s)			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
NAME			\$
ADDRESS			<input type="checkbox"/> PAID
CITY / STATE		\$	<input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 0 00	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 14 714 80	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 13)		\$ 14 714 80	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)		\$ 14 796 50	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 14 714 80	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE REGARDLESS OF AMOUNT		21 DATE	
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE		22 AMOUNT	
NAME			
ADDRESS View Supplemental Form(s)			
CITY / STATE		\$	
NAME			
ADDRESS			
CITY / STATE		\$	
NAME			
ADDRESS			
CITY / STATE		\$	
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 0 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 1 536 70	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 24)		\$ 1 536 70	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 26)		\$ 1 536 70	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		REPORT DATE 10/22/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		PURPOSE (IF PAYMENT V AS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME AND ADDRESS OF RECIPIENT		DATE	
NAME rock newspaper ADDRESS arnold MO 63010 CITY/STATE		10/20/2004	\$ 0 00 <input type="checkbox"/> PAID 600 00 <input type="checkbox"/> INCURRED
NAME st louis labor tribune ADDRESS st louis mo CITY/STATE		10/21/2004	\$ 0 00 <input type="checkbox"/> PAID 748 00 <input type="checkbox"/> INCURRED
NAME office depot ADDRESS 6263 south Lindbergh CITY/STATE St Louis Mo 63123		10/21/2004	\$ 0 00 <input type="checkbox"/> PAID 267 71 <input type="checkbox"/> INCURRED
NAME TC Custom p nt ng ADDRESS 4558 Dakota Trail CITY/STATE St Charles MO 63304		10/21/2004	\$ 0 00 <input type="checkbox"/> PAID 381 00 <input type="checkbox"/> INCURRED
NAME Jefferson County Journal ADDRESS Festus MO 63028 CITY/STATE		10/22/2004	\$ 0 00 <input type="checkbox"/> PAID 1 416 37 <input type="checkbox"/> INCURRED
NAME camp gn ADDRESS 1027 cantebury c rcle CITY/STATE imperial mo 63052		10/4/2004	\$ 0 00 <input type="checkbox"/> PAID 500 00 <input type="checkbox"/> INCURRED
NAME jefferson county labor pack ADDRESS hillsboro mo 63050 CITY/STATE		10/11/2004	\$ 0 00 <input type="checkbox"/> PAID 200 00 <input type="checkbox"/> INCURRED
NAME dd media ADDRESS 8315 drury nd pkwy CITY/STATE st louis MO 63114		10/10/2004	\$ 0 00 <input type="checkbox"/> PAID 2 000 00 <input type="checkbox"/> INCURRED
NAME us postal service ADDRESS imperial mo 63052 CITY/STATE		10/15/2004	\$ 0 00 <input type="checkbox"/> PAID 111 00 <input type="checkbox"/> INCURRED
NAME st lou s presort inc ADDRESS 5051 southwest ave CITY/STATE St Louis MO 63110		10/15/2004	\$ 0 00 <input type="checkbox"/> PAID 3 989 04 <input type="checkbox"/> INCURRED
NAME best buy ADDRESS south lindbergh CITY/STATE st Louis Mo 63125		10/17/2004	\$ 0 00 <input type="checkbox"/> PAID 2 831 68 <input type="checkbox"/> INCURRED
NAME leader publication ADDRESS festus Mo 63028 CITY/STATE		10/20/2004	\$ 0 00 <input type="checkbox"/> PAID 1 670 00 <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY/STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
10/22/2004

MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)

NAME AND ADDRESS OF CANDIDATE OR COMMITTEE

DATE

AMOUNT

NAME Pam Moss
ADDRESS flowers
CITY/STATE

10/20/2004

\$ 36 70

NAME Rauls for Treasurer
ADDRESS Raintree Plantation
CITY/STATE Hillsboro Mo 630 0

10/16/2004

\$ 200 00

NAME Committee to Elect Ed Kemp
ADDRESS Byrnes Mill MO
CITY/STATE

10/16/2004

\$ 200 00

NAME Committee to Elect Pat Lamping
ADDRESS Barnhart MO
CITY/STATE

10/16/2004

\$ 200 00

NAME Foc C-6 Educational Foundation
ADDRESS Arnold MO 63010
CITY/STATE

10/19/2004

\$ 100 00

NAME Wings of Hope
ADDRESS 18590 Edison
CITY/STATE Chesterfield Mo 63005

10/18/2004

\$ 800 00

NAME
ADDRESS
CITY/STATE

\$

NAME
ADDRESS
CITY/STATE

\$

NAME
ADDRESS
CITY/STATE

\$

NAME
ADDRESS
CITY/STATE

\$

NAME
ADDRESS
CITY/STATE

\$

NAME
ADDRESS
CITY/STATE

\$

TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE

(CARRY TO ITEM 26 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)

\$



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

HEC ID NO C031240

1 DATE OF REPORT	OFFICE USE ONLY
11/29/2004	

INSTRUCTIONS ON REVERSE SIDE

2 FULL NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS	
3 COMMITTEE MAILING ADDRESS 1027 CANTEBURY CURICLE CITY / STATE / ZIP IMPERIAL MO 63052	4 COMMITTEE TELEPHONE NUMBER (636) 461 1217
5 TREASURER'S NAME EDWARD P POLSTER	
6 TREASURER'S MAILING ADDRESS 2529 FOUNTAIN OAKS RD CITY / STATE / ZIP DESOTO MO 63020	7 TREASURER'S TELEPHONE NUMBER HOME (636) 337 7870 WORK
8 DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER CAROLYN MEADOWS	
9 DEPUTY TREASURER'S MAILING ADDRESS 1027 CANTEBURY CIRCLE IMPERIAL MO 63052	10 DEPUTY TREASURER'S TELEPHONE NUMBER HOME (36) 6 2 WORK
11 DATE OF ELECTION 11/2/2004	12 TYPE OF ELECTION (CHECK ONE) <input checked="" type="radio"/> PRIMARY <input type="radio"/> GENERAL <input type="radio"/> SPECIAL
13 TIME PERIOD COVERED BY THIS STATEMENT FROM 10/22/2004 THROUGH 11/7/2004	
14 CANDIDATE COMMITTEES ONLY LIST CANDIDATE'S NAME ADDRESS PHONE OFFICE SOUGHT POLITICAL SUBDIVISION AND POLITICAL PARTY TIM MEADOWS 1027 CANTEBURY IMPERIAL MO 63052 (636) 461 1217 STATE REPRESENTATIVE DISTRICT 101 <input checked="" type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input checked="" type="checkbox"/> DEMOCRAT <input type="checkbox"/>	15 TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CALLUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input checked="" type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO 3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL JAN 1 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input type="checkbox"/> OTHER <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____ 20____
16 COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Nov 30 2004 1 0PM TREASURER'S SIGNATURE	17 CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS IS COMPLETE TRUE AND ACCURATE ELECTRONICALLY FILED Nov 30 2004 12 40PM CANDIDATE'S SIGNATURE



Missouri Ethics Commission
REPORT SUMMARY
 INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE	DATE OF REPORT	OFFICE USE ONLY
CITIZENS FOR TIM MEADOWS	11/29/20	

RECEIPTS		A THIS PERIOD	B THIS ELECTION	STATEMENT OF BEGINNING AND ENDING FINANCIAL CONDITION		
1	TOTAL RECEIPTS FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 30 141 00			
2	ALL MONETARY CONTRIBUTIONS RECEIVED THIS PERIOD	\$ 5 815 00		MONEY ON HAND		
3	ALL LOANS RECEIVED THIS PERIOD	+ \$ 0 00				
4	MISCELLANEOUS RECEIPTS THIS PERIOD	+ \$ 0 00				
5	SUBTOTAL MONETARY RECEIPTS THIS PERIOD (SUM 2A 3A 4A)	\$ 815 00		25	MONEY ON HAND AT THE BEGINNING OF THIS REPORTING PERIOD (INCLUDING FUNDS IN DEPOSITORY CASH SAVINGS ACCOUNTS AND ALL OTHER INVESTMENT)	\$ 20 597 50
6	IN KIND CONTRIBUTIONS RECEIVED THIS PERIOD	+ \$ 0 00		26	MONETARY RECEIPTS THIS PERIOD (FROM ITEM 2)	+ \$ 5 815 00
7	TOTAL ALL RECEIPTS THIS PERIOD (SUM 5A 6A)	\$ 5 815 00		27	MONETARY DISBURSEMENTS MADE THIS PERIOD (SUM 11 17 24)	\$ 18 550 52
8	FUNDS USED FOR REPAYING LOANS THIS PERIOD	\$ 0 00) Disbursements By Check \$ _____ b) Disbursements By Cash \$ _____		
9	TOTAL ALL RECEIPTS THIS ELECTION (SUM 1B 7A 8A)		\$ 35 956 00	28	MONEY ON HAND AT THE CLOSE OF THIS REPORTING PERIOD (SUM 25 26 27)	\$ 7 861 98
EXPENDITURES		A THIS PERIOD	B THIS ELECTION	INDEBTEDNESS		
10	TOTAL EXPENDITURES FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 30 209 12			
11	EXPENDITURES MADE BY CASH OR CHECK THIS PERIOD	\$ 7 45 37				
12	IN KIND EXPENDITURES MADE THIS PERIOD	+ \$ 0 00				
13	DEBTS INCURRED THIS PERIOD (NOT INCLUDING LOANS)	+ \$ 0 00				
14	TOTAL ALL EXPENDITURES MADE THIS PERIOD (SUM 11A 12A 13A)	\$ 17 451 37		29	OUTSTANDING INDEBTEDNESS AT THE BEGINNING OF THIS PERIOD	\$ 0 00
15	TOTAL EXPENDITURES THIS ELECTION (SUM 10B 14A)		\$ 47 660 19	30	LOANS RECEIVED THIS PERIOD	+ \$ 0 00
CONTRIBUTIONS MADE		A THIS PERIOD	B THIS ELECTION			
16	TOTAL CONTRIBUTIONS MADE FOR THIS ELECTION PREVIOUSLY REPORTED		\$ 2 316 70	31	NEW DEBTS INCURRED THIS PERIOD	+ \$ 0 00
17	ALL MONETARY CONTRIBUTIONS MADE THIS PERIOD	\$ 1 099 15		32	PAYMENTS MADE ON LOANS THIS PERIOD	\$ 0 00
18	ALL IN KIND CONTRIBUTIONS MADE THIS PERIOD	+ \$ 0 00		33	CREDITS RECEIVED ON LOANS THIS PERIOD	\$ 0 00
19	TOTAL ALL CONTRIBUTIONS MADE THIS PERIOD (SUM 17A 18A)	\$ 1 099 15		34	PAYMENTS MADE THIS PERIOD ON DEBTS INCURRED IN PREVIOUS PERIOD	\$ 0 00
20	TOTAL ALL CONTRIBUTIONS MADE THIS ELECTION (SUM 16B 19A)		\$ 3 415 85	35	TOTAL INDEBTEDNESS AT THE CLOSE OF THIS REPORTING PERIOD (SUM 29 30 31 32 33 34)	\$ 0 00
OTHER DISBURSEMENTS		A THIS PERIOD	B THIS ELECTION			
21	FUNDS USED FOR REPAYING LOANS THIS PERIOD	+ \$ 0 00				
22	PAYMENTS THIS PERIOD ON PREVIOUSLY REPORTED DEBTS INCURRED	+ \$ 0 00				
23	ANY MISCELLANEOUS DISBURSEMENT NOT REPORTED ELSEWHERE	+ \$ 0 00				
24	TOTAL OTHER DISBURSEMENTS THIS PERIOD (SUM 21A 22A 23A)	\$ 0 00				



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 1/29/2004	
A ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
View Supplemental Form(s)		\$	
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY / STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
6 SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0 00	
7 SUBTOTAL ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 5 765 00	
8 TOTAL ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 7)		\$ 5 765 00	
9 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 5 765 00	
10 AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN KIND CONTRIBUTIONS		\$ 0 00	
B NON ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11 TOTAL CONTRIBUTIONS RECEIVED AT FUND RAISERS AS REPORTED IN LINE 8 ON FORM CD A		\$ 0 00	
12 TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0 00	
13 TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 50 00	
14 TOTAL IN KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0 00	
C LOANS RECEIVED		17 AMOUNT OF LOAN (IF MORE THAN \$ 00 ATTACH CD-1B)	
15 NAME AND ADDRESS OF LENDER		16 DATE RECEIVED	
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
18 SUBTOTAL LOANS THIS PAGE (SUM COLUMN 17)		\$ 0 00	
19 SUBTOTAL LOANS FROM ANY ATTACHED PAGES		\$ 0 00	
20 TOTAL LOANS THIS PERIOD (SUM 18 19)		\$ 0 00	
21 TOTAL ALL IN KIND CONTRIBUTIONS (SUM 10 14)		\$ 0 00	
22 TOTAL ALL MONETARY CONTRIBUTIONS (SUM 9 11 12 & 13)		\$ 5,815 00	
23 MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9 13 & 20)		\$ 5,815 00	

FORM CD1



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

11/29/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

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A ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE

4 DATE RECEIVED

AGGREGATE TO
DATE

5 AMOUNT RECEIVED

(CHECK IF MONETARY
OR IN KIND)

3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME ADDRESS 94th House District Demo Committee CITY/STATE 825 Cheviot Ct EMPLOYER St Louis Mo 63122 <input checked="" type="checkbox"/> COMMITTEE	10/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS The 5th Sen Dist Demo Committee CITY/STATE 810 Ann Ave EMPLOYER St Louis MO 63104 <input checked="" type="checkbox"/> COMMITTEE	10/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Jeff Co Demo Cen Comm CITY/STATE 110 Main St EMPLOYER Festus MO 63028 <input checked="" type="checkbox"/> COMMITTEE	0/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS St Louis 7th Ward Democrats CITY/STATE 1200 Allen Market In Apt 403 EMPLOYER St Louis Mo 63104 <input checked="" type="checkbox"/> COMMITTEE	0/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 15th Sen Dist Demo Committee CITY/STATE 33 N Maple EMPLOYER St Louis MO 63119 <input checked="" type="checkbox"/> COMMITTEE	10/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Jean Carnahan IAC CITY/STATE POBOX 920 EMPLOYER Rolla Mo 65402 <input checked="" type="checkbox"/> COMMITTEE	10/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 22nd Sen Demo Comm CITY/STATE 1952 Birchwood Dr EMPLOYER Barnhart MO 6301 <input checked="" type="checkbox"/> COMMITTEE	0/25/2004 \$ 0	\$ 240.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS NE Jeff Co Demo Club CITY/STATE 3428 Rockwood Forest Ct EMPLOYER Arnold Mo 63010 <input checked="" type="checkbox"/> COMMITTEE	0/25/2004 \$ 0	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE

CITIZENS FOR TIM MEADOWS

DATE

11/29/2004

INSTRUCTIONS

PURPOSE The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal Itemized Contributions From Any Attached Pages) on Form CD 1.

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A ITEMIZED CONTRIBUTIONS RECEIVED

FROM COMMITTEES REGARDLESS OF THE AMOUNT OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE

3 NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)

NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)		4 DATE RECEIVED AGGREGATE TO DATE	5 AMOUNT RECEIVED (CHECK IF MONETARY OR IN KIND)
NAME ADDRESS Credit Union PAC Comm CITY/STATE 2055 Craigshire Dr EMPLOYER St Louis Mo 63146 <input checked="" type="checkbox"/> COMMITTEE		10/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS M h l Cl rk CITY/STATE 3624 B l g d St EMPLOYER Ph l d lph PA 19134 IBT W h ngto DC <input type="checkbox"/> COMMITTEE		10/25/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS 23rd Dist Demc Legl lative Comm CITY/STATE POBOX 555 EMPLOYER Columbia MO 65205 <input checked="" type="checkbox"/> COMMITTEE		10/25/2004 \$ 0	\$ 125.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS MPTA/PAC CITY/STATE 130 YMCA DR STE 1200 EMPLOYER Festus MO 63028 <input checked="" type="checkbox"/> COMMITTEE		0/26/2004 \$ 0	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS SBC MO Emp PAC CITY/STATE One SBC Center EMPLOYER St Louis MO 63111 <input checked="" type="checkbox"/> COMMITTEE		0/27/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS Healthlink Inc CITY/STATE 1413 Olive Blvd EMPLOYER St Louis Mo 63141 <input checked="" type="checkbox"/> COMMITTEE		10/27/2004 \$ 0	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND
NAME ADDRESS CITY/STATE EMPLOYER <input type="checkbox"/> COMMITTEE		\$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN KIND

TOTAL ITEMIZED CONTRIBUTIONS

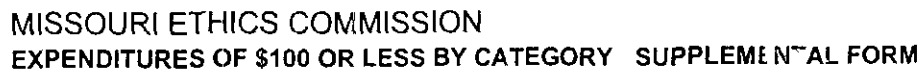
(CARRY TO ITEM 7 SUBTOTAL ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES ON FORM CD 1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1 NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		2 REPORT DATE 1/29/2004	
A EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B BELOW)		4 AMOUNT PAID OR INCURRED THIS PERIOD	
3 CATEGORY OF EXPENDITURE View Supplemental Form ()		\$	
5 SUBTOTAL NON ITEMIZED EXPENDITURES THIS PAGE (SUM COLUMN 4)		\$ 0 00	
6 SUBTOTAL NON ITEMIZED EXPENDITURES ANY ATTACHED PAGES		+ \$ 168 37	
7 TOTAL NON ITEMIZED EXPENDITURES THIS PERIOD (SUM 5 6)		\$ 168 37	
B ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		9 DATE	10 PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
8 NAME AND ADDRESS OF RECIPIENT			11 AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS View Supplemental Form(s) CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE			\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
12 SUBTOTAL THIS PAGE (SUM COLUMN 11)		\$ 0 00	
13 SUBTOTAL ANY ATTACHED PAGES		+ \$ 17 283 00	
14 TOTAL ITEMIZED EXPENDITURES THIS PERIOD (SUM 12 13)		\$ 17 283 00	
15 TOTAL MONETARY EXPENDITURES THIS PERIOD (SUM 7 14)		\$ 17 451 37	
16 AMOUNT OF LINE 15 WHICH WAS PAID OUT THIS PERIOD		\$ 17 283 00	
17 AMOUNT OF LINE 15 WHICH WAS DEBT INCURRED THIS PERIOD		\$ 0 00	
18 IF COMMITTEE MADE ANY IN KIND EXPENDITURES THIS PERIOD LIST AMOUNT		\$ 0 00	
19 FUNDS USED FOR REPAYING LOANS THIS PERIOD (ATTACH FORM CD1B)		\$ 0 00	
C MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)		21 DATE	22 AMOUNT
20 NAME AND ADDRESS OF CANDIDATE OR COMMITTEE			
NAME ADDRESS View Supplemental Form(s) CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
NAME ADDRESS CITY / STATE			\$
23 SUBTOTAL THIS PAGE (SUM COLUMN 22)		\$ 0 00	
24 SUBTOTAL ANY ATTACHED PAGES		+ \$ 1 099 15	
25 TOTAL MONETARY CONTRIBUTIONS MADE THIS PERIOD (SUM 23 24)		\$ 1 099 15	
26 IF COMMITTEE MADE ANY LOANS THIS PERIOD LIST AMOUNT		\$ 0 00	
27 TOTAL ALL MONETARY CONTRIBUTIONS AND LOANS MADE THIS PERIOD (SUM 25 26)		\$ 1 099 15	
28 IF COMMITTEE MADE ANY IN KIND CONTRIBUTIONS THIS PERIOD LIST AMOUNT		\$ 0 00	



NAME OF COMMITTEE
CITIZENS FOR TIM MEADOWS

DATE
11/29/2004

(LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)

AMOUNT PAID OR
INCURRED THIS PERIOD

CATEGORY OF EXPENDITURE

canvasser food

\$	48 84
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office supply

\$	25 45
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canvasser food

\$	34 00
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post campaign meeting

\$	60 08
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TOTAL ITEMIZED EXPENDITURES THIS PAGE

(CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)

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MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		REPORT DATE 11/29/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT		DATE	PURPOSE (IF PAYMENT WAS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME Lt Robert E Lee ADDRESS on the river CITY/STATE K mmsw ck MO 63053		11/2/2004	election day wo \$ 0 00 <input type="checkbox"/> PAID 1 800 00 <input type="checkbox"/> INCURRED
NAME Shop N Save ADDRESS 1253WaterTowerPlace CITY/STATE Arnold Mo 63010		10/23/2004	feed campaign w \$ 0 00 <input type="checkbox"/> PAID 32 46 <input type="checkbox"/> INCURRED
NAME h ll p ADDRESS 631 POB 1924 CITY/STATE J ff C y M 65 02		10/25/2004	Ma lers \$ 0 00 <input type="checkbox"/> PAID 5 000 00 <input type="checkbox"/> INCURRED
NAME Tr o Graph cs ADDRESS 3620Jeffco CITY/STATE Arnold Mo 63010		10/26/2004	printing \$ 0 00 <input type="checkbox"/> PAID 497 52 <input type="checkbox"/> INCURRED
NAME Off ce Max ADDRESS 4106 Lemay Ferry Rd CITY/STATE St Louis Mo 63129		10/27/2004	office supply \$ 0 00 <input type="checkbox"/> PAID 116 05 <input type="checkbox"/> INCURRED
NAME McCarthy Sp ce Co ADDRESS 6757 Ol ve CITY/STATE St Louis Mo 63130		10/28/2004	ad ertisement \$ 0 00 <input type="checkbox"/> PAID 620 00 <input type="checkbox"/> INCURRED
NAME JP Promot onal ADDRESS 1040 Autumn Oaks Dr CITY/STATE Imper al Mo 63052		10/28/2004	advertisement \$ 0 00 <input type="checkbox"/> PAID 2 032 90 <input type="checkbox"/> INCURRED
NAME Old House Steak Hou e ADDRESS 2nd and Elm CITY/STATE K mmsw ck MO 63053		10/28/2004	ampaign advert \$ 0 00 <input type="checkbox"/> PAID 400 00 <input type="checkbox"/> INCURRED
NAME Lt Robert E Lee ADDRESS on the river CITY/STATE K mmsw ck MO 63053		10/28/2004	ampaign meetin \$ 0 00 <input type="checkbox"/> PAID 123 00 <input type="checkbox"/> INCURRED
NAME Home Depot ADDRESS 3865 Vogel Rd CITY/STATE Arnold MO 63010		10/29/2004	poles for signs \$ 0 00 <input type="checkbox"/> PAID 125 04 <input type="checkbox"/> INCURRED
NAME petty cash ADDRESS CITY/STATE		11/1/2004	lection day po \$ 0 00 <input type="checkbox"/> PAID 300 00 <input type="checkbox"/> INCURRED
NAME shop n save ADDRESS 12 3watertowerplace CITY/STATE arnold mo 63010		11/1/2004	ampaign canvas \$ 0 00 <input type="checkbox"/> PAID 163 06 <input type="checkbox"/> INCURRED
NAME Verizon W releas ADDRESS POBOX 790406 CITY/STATE St Lou s Mo 63179		11/2/2004	ampaign cell p \$ 0 00 <input type="checkbox"/> PAID 489 08 <input type="checkbox"/> INCURRED
NAME Robert E Lee ADDRESS on the r ver CITY/STATE K mmsw ck mo 63053		11/2/2004	campaign worker \$ 0 00 <input type="checkbox"/> PAID 179 89 <input type="checkbox"/> INCURRED
NAME st lou pre ort ADDRESS 5051 Southwest CITY/STATE st louis mo 63110		11/11/2004	mail advertisem \$ 0 00 <input type="checkbox"/> PAID 1 539 08 <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)			\$



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE CITIZENS FOR TIM MEADOWS		REPORT DATE 11/29/2004	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS		DATE	PURPOSE (IF PAYMENT V AS TO A CAMPAIGN WORKER SHOW AGGREGATE PAID)
NAME AND ADDRESS OF RECIPIENT			AMOUNT THIS PERIOD
NAME ADDRESS CITY / STATE	11/3/2004	gift cert for c \$ 0 00	\$ 3 000 00 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE	11/27/2004	campaign cell \$ 0 00	\$ 219 71 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE	11/27/2004	in ugural expen \$ 0 00	\$ 349 41 <input checked="" type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
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NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME ADDRESS CITY / STATE		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)			\$



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS MADE SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE
CITIZENS FOR TIM MADOWS

DATE
11/29/2004

MONETARY CONTRIBUTIONS MADE (REGARDLESS OF AMOUNT)

NAME AND ADDRESS OF CANDIDATE OR COMMITTEE	DATE	AMOUNT
NAME mo state trooper assn ADDRESS pobox 263 CITY/STATE boliver mo 65613	11/27/2004	\$ 106 15
NAME fox high school student council ADDRESS 745 jeffco blvd CITY/STATE arnold mo 63010	11/9/2004	\$ 100 00
NAME wings of hope ADDRESS 18590 edison CITY/STATE chesterfield mo 63005	11/20/2004	\$ 715 00
NAME citizens to elect mark powell 2004 ADDRESS 1981 fairview CITY/STATE arnold mo 63010	11/23/2004	\$ 150 00
NAME mo right to life ADDRESS 2249 so brentwood blvd CITY/STATE st louis mo 63144	11/27/2004	\$ 28 00
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
NAME ADDRESS CITY/STATE		\$
TOTAL ITEMIZED MONETARY CONTRIBUTIONS MADE THIS PAGE (CARRY TO ITEM 25 SUBTOTAL ANY ATTACHED PAGES ON FORM CD 3)		\$